



Primary Health Care Management Advancement Programme

ASSESSING THE QUALITY OF SERVICE



**MODULE 6
USER'S GUIDE**

THE PHC MAP SERIES OF MODULES, GUIDES AND REFERENCE MATERIALS

Each module includes:

- a User's guide
- a Facilitator's guide
- computer programs

Module 1 Assessing information needs

Module 2 Assessing community health needs and coverage

Module 3 Planning and assessing health worker activities

Module 4 Surveillance of morbidity and mortality

Module 5 Monitoring and evaluating programmes

Module 6 Assessing the quality of service

Module 7 Assessing the quality of management

Module 8 Cost analysis

Module 9 Sustainability analysis

Manager's guides and references

- Better management: 100 tips
- Problem-solving
- Computers
- The computerised PRICOR thesaurus

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Cover Photo: A community health nurse of the Aga Khan Community Health
Programme in Dhaka measures the blood pressure of a healthy
pregnant mother during a prenatal home visit.

Photo by: Jean-Luc Ray for AKF



THE AGA KHAN UNIVERSITY



AGA KHAN FOUNDATION

Primary Health Care Management Advancement Programme

ASSESSING THE QUALITY OF SERVICE

Lori DiPrete Brown
University Research Corporation

MODULE 6 USER'S GUIDE



Aga Khan Health Services



University Research Corporation
Center for Human Services



A front-line health worker

Photo by P. Almasy for WHO

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***Dedicated to
Dr. Duane L. Smith (1939-1992),
Dr. William E. Steeler (1948-1992)
and all other health leaders, managers and workers
who follow their example in the effort to bring quality health
care to all in need.***





A PHC concern: the preparation of food by street vendors

Photo by Ph. Merchez for WHO



An overview of PHC MAP

The main purpose of the Primary Health Care Management Advancement Programme (PHC MAP) is to help PHC management teams collect, process and analyse useful management information.

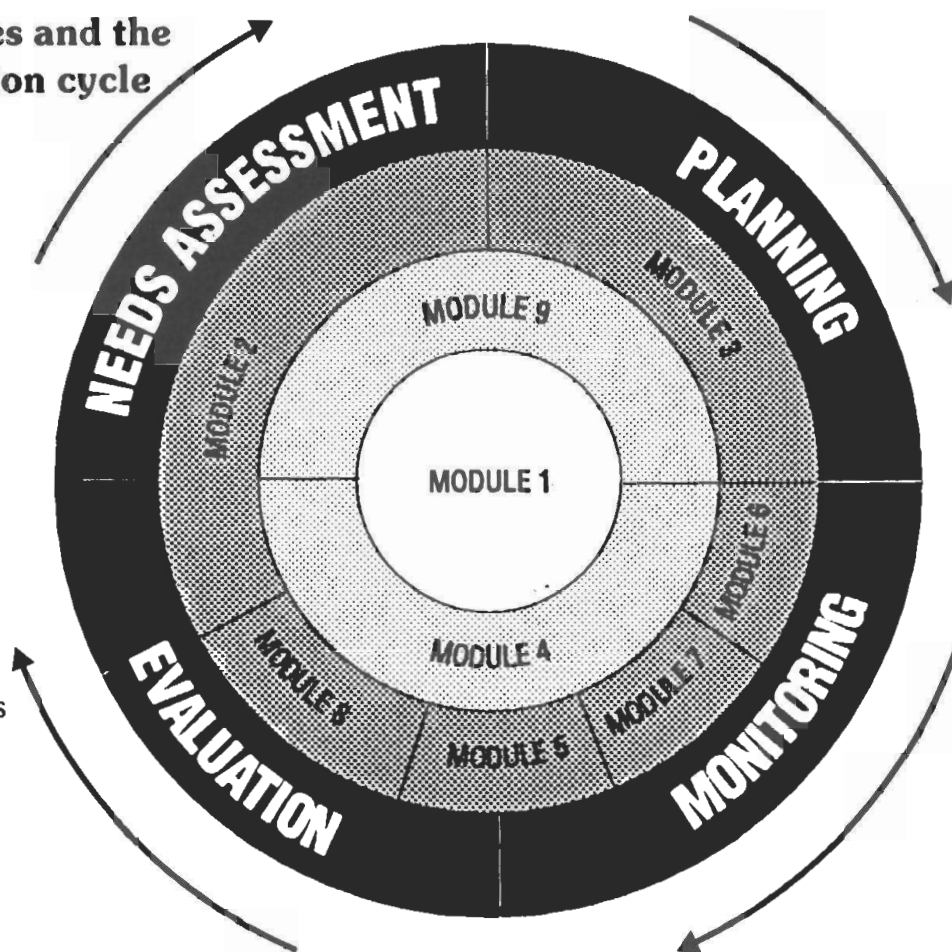
Initiated by the Aga Khan Foundation, PHC MAP is a collaborative programme of the Aga Khan Health Network¹ and PRICOR². An experienced design team and equally experienced PHC practitioner teams in several countries, including Bangladesh, Chile, Colombia, the Dominican Republic, Guatemala, Haiti, India, Indonesia, Kenya, Pakistan, Senegal, Thailand and Zaire, have worked together to develop, test and refine the PHC MAP materials to make sure that they are understandable, easy to use and helpful.

PHC MAP includes nine units called modules. These modules focus on essential information that is needed in the traditional management cycle of planning-doing-evaluating. The relationship between the modules and this cycle is illustrated below.

PHC MAP modules and the planning-evaluation cycle

PHC MAP MODULES

1. Information needs
2. Community needs
3. Work planning
4. Surveillance
5. Monitoring indicators
6. Service quality
7. Management quality
8. Cost analysis
9. Sustainability



¹ The Aga Khan Health Network includes the Aga Khan Foundation, the Aga Khan Health Services, and the Aga Khan University, all of which are involved in the strengthening of primary health care
² Primary Health Care Operations Research is a worldwide project of the Center for Human Services, funded by the United States Agency for International Development



Managers can easily adapt these tools to fit local conditions. Both new and experienced programmers can use them. Government and NGO managers, management teams, and communities can all use the modules to gather information that fits their needs. Each module explains how to collect, process and interpret PHC-specific information that managers can use to improve planning and monitoring. The modules include user's guides, sample data collecting and data processing instruments, optional computer programs, and facilitator's guides, for those who want to hold training workshops.

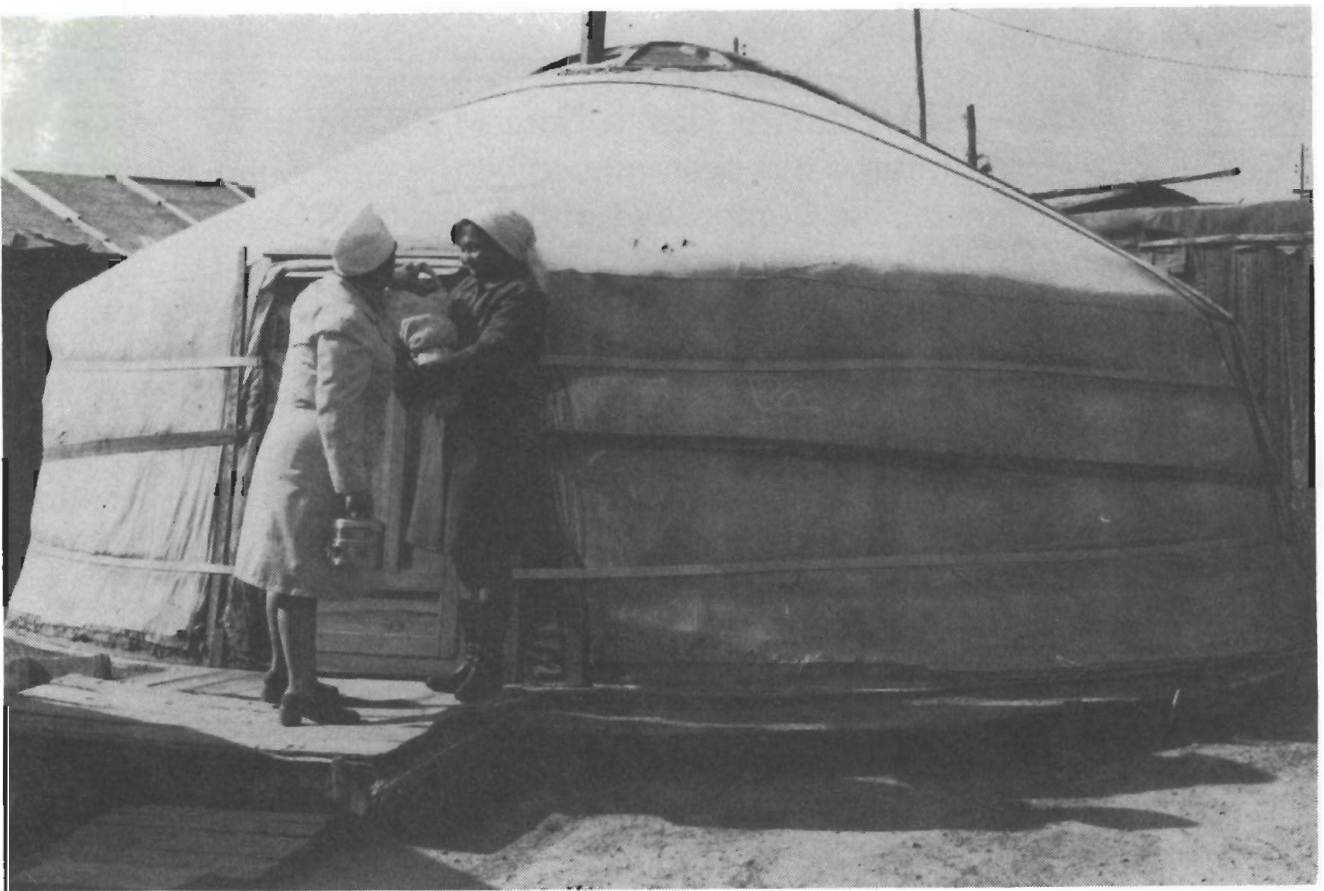
The health and management services included in PHC MAP are listed below.

Health and management services

HEALTH SERVICES		MANAGEMENT SERVICES
GENERAL PHC household visits Health education MATERNAL CARE Antenatal care Safe delivery Postnatal care Family planning CHILD CARE Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy	OTHER HEALTH CARE Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases	Planning Personnel management Training Supervision Financial management Logistics management Information management Community organisation

Several manager's guides supplement these modules. These are: *Better management: 100 tips*, a helpful hints book describing effective ways to help managers improve what they do; *Problem-solving*, a guide to help managers deal with common problems; *Computers*, a guidebook providing useful hints on buying and operating computers, printers, other hardware and software; and *The computerised PRICOR thesaurus*, a compendium of PHC indicators.





A midwife in Ulan Bator, Mongolia, calls at a "yurt" to see
how mother and child are doing

Photo by D. Henrioud for WHO



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Malnutrition in a land of plenty is not rare. A balanced diet is essential to good health

Photo by P. Almasy for WHO



Quick start

Basic PHC service quality assessment

If you would like to conduct an assessment quickly, follow these guidelines. If you are using a computer, load this file (MOD6_QS) into Lotus 1-2-3 or Quattro Pro after you have collected your data. It will help you analyse it quickly. The Quick Start option assumes that you want to examine one of the PHC services listed below, and that you will use the checklists in Appendix A (short) or B (long).

Instructions:

1. Select a PHC service to assess.

Overall PHC
assessment
Health education
Antenatal care
Safe delivery
Postnatal care

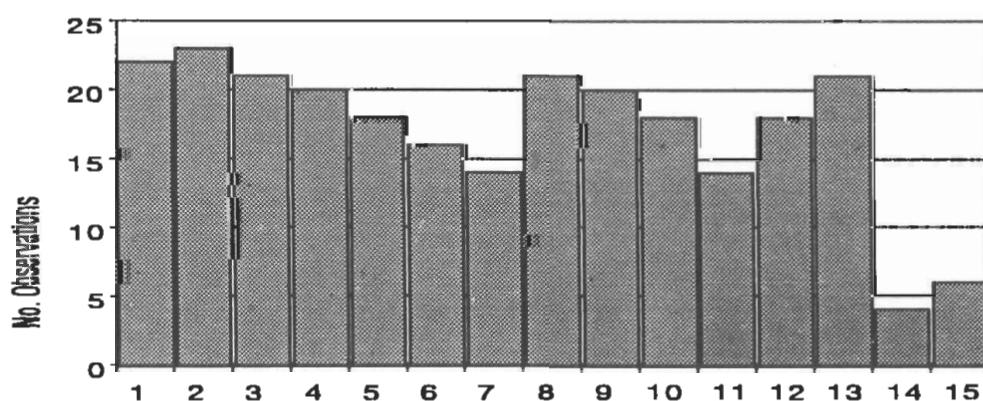
Family planning
Breast feeding
GM/Nut ed
Immunization
ARI
DDC/ORT

Water & sanitation
Child disabilities
Accidents & injuries
STD/HIV/AIDS
Malaria
Tuberculosis

Minor ailments
Chronic, non-com-
municable diseases
Hypertension
Diabetes
Anaemia

2. Go to Appendix A or B and select the checklist for that service. Revise it as you wish. Select a maximum of 15 variables.
3. Determine, and list, the number of health centres, facilities, or individuals that will be observed: _____
4. Determine the number of observations that you will make of each centre, facility, individual: _____
5. Select your observers and let them test the checklists with 2-3 similar centres/facilities/individuals.
6. Schedule the observations.
7. Photocopy or duplicate the number of checklists needed.
8. Conduct the observations.
9. Tabulate the resulting data on a blank checklist; enter the total number of "yes" and "no" observations.
10. Enter those data in the following table. If you use the computer program, it will automatically compute percentage distributions for you and make a graph.
11. Identify problem areas and discuss with your staff and others to see if you can identify causes of the problem - as well as possible solutions.
12. Develop a plan of action to deal with the most important problems.

Question/Variable No.		Number of observations = 25													
Q/V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Yes =	22	23	21	20	18	16	14	21	20	18	14	18	21	4	6
Percent	88	92	84	80	72	64	56	84	80	72	56	72	84	16	24



Number of
"Yes"
observations





Enjoying good health and a long life: three happy musicians in a Beijing park

Photo by Jean-Luc Ray for AKF



Introduction

What is service quality assessment?

This module puts forth methods to assess the quality of PHC services. This type of assessment is different from an ordinary evaluation of programme performance. Evaluations often focus on resources (supplies, personnel, equipment) or inputs, and service delivery outputs (number of children vaccinated, number of people treated). The tools and methods in this module are designed to assess the process of service delivery in order to assess the quality of the services provided. Quality health care has been defined as:

"Proper performance [according to standards] of interventions that are known to be safe, that are affordable to the society in question and that have the ability to produce an impact on mortality, morbidity, disability, and malnutrition."¹

Service quality assessment is the process of determining whether PHC services are provided according to established norms for quality care.

By using explicit process criteria, in the form of observation checklists, the service quality assessment tools and methods presented here can help managers determine whether specified procedures are being carried out, how well they are being carried out, and which tasks need improvement.

This module concentrates on the quality of **PHC services**. A companion module, Module 7, follows a similar pro-

¹ Roemer and Aguilar (WHO, 1988)



cess to examine **management support services**. Another module (2: Assessing community health needs and coverage) can be used to assess the effects and impacts of these processes on the knowledge, behaviour, and health status of the target population.

How you can use this module

You can use service quality assessment to monitor and strengthen the quality of care in your PHC programme. This module is designed to help managers and supervisors assess the quality of all or part of each PHC service by using simple checklists. The module also includes instructions and worksheets to aid in the planning and implementation of service quality assessment. Guidelines analysis, interpretation, feedback, and corrective action are also included.

Service quality checklists can be used in a variety of ways. Examples include:

Many uses

- **A framework for supervision.** Supervisors can use these checklists during regular supervisory visits to identify specific deficiencies in the quality of services, counselling, and health education. Afterwards, the completed checklist can serve as a discussion guide to give feedback to the service provider on the strengths and weaknesses of the service. Because of the way the checklists are structured, they also make it easier to identify solutions to the most common problems. For more complex problems, the checklists provide the basis for a discussion of the causes of problems and their solutions. Each checklist includes a space for comments and actions taken so that supervisors can use the forms to record supervisory activities.
- **A self-assessment tool.** Programme staff can use these checklists to assess their own strengths and weaknesses. For example, a service provider could use a checklist to assess a given service and to identify areas for improvement. Based on the results, the service provider might revise technical norms, ask a supervisor to provide technical support, or request additional training.
- **A job aid for service providers.** A job aid is a set of written or pictorial instructions that prompt action and



guide decision-making during service delivery. Checklists can be modified for use during service delivery or while carrying out a management activity.

- **An instrument for area-wide assessment of service quality.** Supervisors or other observers can use these checklists to conduct a study of service quality in an administrative area, such as a district or province. The results would identify system-wide strengths and problems that need to be addressed. Although these results would usually be of most interest to local managers, such studies could be carried out at regional and national levels as well.
- **As guidelines for training.** Service quality checklists can serve as a framework for training. The checklists make a convenient reference for trainers because they organise and summarise the essential knowledge and skills that must be addressed during training.

Tools for pre-test and post-test assessments of service enhancing efforts. Service quality checklists can be used to measure changes in service quality that result from training efforts, improved supervision, or other management improvements. If action is taken to correct problems discovered during an initial assessment, a second assessment can be done to determine the effectiveness of the actions taken.

A combination of the above methods. For example, supervisors could use checklists during regular supervision, and, at periodic intervals, compile the observations into a data set to assess area-wide service quality. Or, supervisors could distribute checklists to health workers as a self-assessment tool to reinforce points made during their visits.

The frequency with which supervisors use the checklists can vary widely, depending on the time and resources available. They can be used routinely or on an *ad hoc* basis. Problems identified during community assessments (see Module 2), activity monitoring (Module 5), personnel perfor-

Aids and tools



mance assessments (Module 3), or cost analysis (Module 8), can be explored in more detail using quality assessment checklists so that appropriate action may be taken.

Checklists

The service quality checklists provided in this module are designed to record the observation of service delivery encounters between providers and clients. The checklists are made up largely of lists of tasks that providers are expected to carry out in clinical assessment, treatment, and health education. The checklists also include a few key questions to ask providers and clients to check their knowledge of important bits of information. The items that make up each checklist for some services are based on more detailed lists taken from the PRICOR thesaurus. For services not covered in the thesaurus, checklists were developed based on the format of the thesaurus. They represent key tasks that should be carried out in providing quality care. The thesaurus was developed and tested over a three-year period in consultation with experts in PHC service delivery and are consistent with WHO norms. Checklists have been developed so far for 21 PHC services. They can be used individually or in various combinations according to the needs of the user, and they can be easily adapted to fit different programme norms.

**Client
satisfac-
tion also**

In addition to using service quality checklists to assess the clinical performance of providers, it is useful to assess provider performance from the patient or client perspective. This module includes a client satisfaction questionnaire which will allow managers to assess whether clients' needs and expectations are being met, and will enable managers to identify opportunities to improve the quality of care as it relates to patient satisfaction. Client satisfaction is important because it enhances the likelihood of compliance with the treatment regimen and follow-up visits. Also, it may be an important determinant of whether or not patients seek future care for themselves or their family members. Finally, client satisfaction contributes to overall programme sustainability, having implications for utilisation as well as client willingness to pay in cost-recovery efforts.



This module includes short and long checklists for the following:

GENERAL

PHC household visits
Health education

MATERNAL CARE

Antenatal care
Safe delivery
Postnatal care
Family planning

CHILD CARE

Breast feeding
Growth monitoring
Nutrition education
Immunization
Acute respiratory infection
Diarrhoeal disease control
Oral rehydration therapy

OTHER HEALTH CARE

Water supply, hygiene and sanitation
School health
Childhood disabilities
Accidents and injuries
Sexually transmitted diseases
HIV/AIDS
Malaria
Tuberculosis
Treatment of minor ailments
Chronic, non-communicable diseases

CLIENT SATISFACTION

These service quality checklists are made up of "yes" and "no" questions that can be answered by observation of the interaction between health workers and their clients, inspection of the health facility, supplies and equipment, review of health records, and brief interviews with providers and/or clients. The questions are phrased so that all "no" responses indicate potential problems. These potential problem areas should be evaluated further by the manager and the service provider. The checklists can, in many instances, be used as they are. But most managers will want to modify them to fit their own needs and programme norms. Also, it will be necessary to determine the requirements of each question in operational terms. What conditions must be in place for a "yes" response? What precisely is a "no"? Through discussion with staff and by referring to programme norms, managers should be able to clarify these issues. In some cases it may be desirable to create an instruction sheet which explains the purpose of questions when it is not obvious, and give guidelines about what constitutes a "yes" and "no" response.



Four types of quality assessment tools are included in the module: short checklists for rapid service quality assessment; longer checklists for more detailed assessment; multiple observation checklists for assessing one or more units one or more times; and discussion guidelines, which permit a more qualitative assessment.

• **When to use the short checklists.** Checklists which include only essential tasks for a PHC service have been developed for rapid assessment of service quality. Each includes 10-15 key items which can be easily observed during service delivery or included in an interview. The short form is recommended for the following uses:

Short form

→ This form may be used when the observer is an expert who can make reliable implicit judgments about clinical performance. For example, the rapid form for growth monitoring asks, "Did the service provider correctly calculate the age?" An expert observer could make a judgment about this, while a non-expert observer might prefer to use the more detailed checklist, which lists all the components of correct age calculation.

→ This form may be used when the observer has a great deal of practice with the detailed checklist, and prefers to use the short checklist simply as a memory aide.

→ This form may be used if the purpose of the assessment is to screen for problems which will be studied in more detail at a later stage. Rather than providing the precision of the detailed checklist, this tool gives a quick overview of service quality so that priority areas can be identified.

→ This form may also be used when there is a need for rapid data analysis. Because of the small number of items, documentation and data analysis are quicker, and results can be summarised rapidly.

→ Exhibit 1, a short rapid service quality checklist for immunization, provides an example. Short checklists for all 21 services are included in Appendix A.



Exhibit 1: Rapid service quality assessment checklist - Short form

IMMUNIZATION

This checklist is intended for rapid assessment of service quality in the observation of service delivery. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

13. YES _____ NO _____ Use a sterile needle for each injection?
14. YES _____ NO _____ Use a sterile syringe for each injection?
17. YES _____ NO _____ Give the child all vaccinations needed today?
19. YES _____ NO _____ Record the vaccination on the child's health card?

Ask the service provider :

36. YES _____ NO _____ Was the registered temperature between 0 and 8 degrees (C) at all times during the last month?

(For outreach sessions) :

41. YES _____ NO _____ Were vaccines transported in cold boxes with ice packs?

Ask mother:

43. YES _____ NO _____ When should you return for the next immunization?



A child is given rice
ORT in a Dhaka
hospital,
Bangladesh

Photo by
Jean-Luc Ray
for AKF



• **When to use the long checklists.** More detailed service quality checklists, which include about 50 tasks each, have also been developed. These detailed checklists are recommended for the following uses:

→When the observers are not familiar with the technical norms being applied it is advisable to use the detailed checklists. Because the checklists include only explicit observable criteria, the resulting information will have a high level of reliability.

→The detailed checklists may be preferred for peer review because the service provider being evaluated may feel more comfortable being judged by explicit, objective criteria. This is less important if the observer has expert status, because expert judgments are often more easily accepted.

→These detailed checklists may be preferred for pre-test and post-test assessments during training, for self-assessment and job aids, or for in-depth supervision. In all these situations, specificity is preferred because it leads to specific, focused action for improvement.

→Detailed checklists could also be used to follow up on problems identified by the rapid assessment tools, or other problem identification methods. For example, if a rapid assessment revealed that health workers were not performing a complete physical exam, further study might be needed to determine which tasks were being performed and which ones were omitted. The detailed checklist, or the relevant portion of it, could be used for this purpose.

→Some managers may prefer to start with a detailed checklist initially, since it would make it unnecessary to do two assessments. This is especially important if supervision or assessment takes place over large distances or time intervals.

Exhibit 2, a long checklist for growth monitoring, illustrates this second type of checklist. Detailed service quality checklists for all 21 services are included in Appendix B.

Long form



Exhibit 2: Rapid service quality assessment checklist - Long form

GROWTH MONITORING

This checklist is intended for use in the observation of service delivery. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Age calculation

Did the service provider:

5. YES _____ NO _____ Base calculation on a reliable date of birth?¹
6. YES _____ NO _____ Correctly calculate date of birth?²
7. YES _____ NO _____ Correctly record age?

Weighing

Did the service provider:

8. YES _____ NO _____ Set scale to 0?
9. YES _____ NO _____ Remove child's clothing?
10. YES _____ NO _____ Place child correctly on scale?
11. YES _____ NO _____ Correctly read scale?³
12. YES _____ NO _____ Correctly record weight?

Locating the child's growth on chart

Did the service provider:

13. YES _____ NO _____ Plot or locate the child's age at correct age?
14. YES _____ NO _____ Plot or locate the child's weight at correct weight?
15. YES _____ NO _____ Connect to previous growth point?

Referral and follow-up

Did the service provider:

16. YES _____ NO _____ Refer sick/malnourished child for medical attention?
17. YES _____ NO _____ Refer malnourished child for nutritional rehabilitation?

Growth monitoring and nutritional education

Did the service provider do the following for all children weighed:

18. YES _____ NO _____ Tell mother whether child has gained, lost, stayed the same since last weighing?

1 Reliable sources for date of birth: growth chart health record or birth certificate. Rely on mother's memory only when these are not available.

2 The accuracy of age calculation and weight reading should be determined by comparing the health worker's reading with the supervisor's reading.

3 Reliable sources for date of birth: growth chart health record or birth certificate. Rely on mother's memory only when these are not available.



19. YES _____ NO _____ Tell mother the nutritional status of the child?
 20. YES _____ NO _____ Use growth card to explain to mother how her child is growing?

Did the service provider do the following for malnourished children and for children who have not gained weight since the last session:

21. YES _____ NO _____ Ask if the child has had any health problems since last weighing?
 22. YES _____ NO _____ Make recommendations regarding child feeding and care?
 23. YES _____ NO _____ Explain importance of good breast feeding and weaning practices?
 24. YES _____ NO _____ Explain which locally available foods constitute a balanced diet for children?
 25. YES _____ NO _____ Explain how to feed children during illness?
 26. YES _____ NO _____ Tell mother when to take child for next weighing?
 27. YES _____ NO _____ Verify that mother understands key messages?
 28. YES _____ NO _____ Ask mother if she has any questions?

For outreach education session, did the service provider:

29. YES _____ NO _____ Explain the importance of gaining weight for health?
 30. YES _____ NO _____ Explain the purpose of growth monitoring?
 31. YES _____ NO _____ Explain when and where to go for growth monitoring services?
 32. YES _____ NO _____ Use appropriate health education techniques and materials?
 33. YES _____ NO _____ Demonstrate preparation of weaning foods ?
 34. YES _____ NO _____ Verify that attendees understand key messages?
 35. YES _____ NO _____ Use visual aids in transmitting key messages?

Supplies

Ask the service provider about the following supplies:

36. YES _____ NO _____ Working scale
 37. YES _____ NO _____ Growth charts

Exit interview with mother

Mark "yes" if the respondent answers correctly:

38. YES _____ NO _____ How much does your child weigh?
 39. YES _____ NO _____ Did your child gain weight, lose, or stay the same since the last weighing?
 40. YES _____ NO _____ When will you return for growth monitoring?

The exhibit continues with five more questions on interviewing the service provider.



- **When to use discussion guidelines.** Some service quality issues are difficult to understand fully with a yes/no question. Discussion is a good way to open a dialogue with service providers and engage them in the quality improvement process. Discussion guidelines complement the checklists by helping managers to explore the complexity and diversity of service quality issues and to study the problems in more depth.

Exhibit 3 is an example of a discussion guideline for acute respiratory infection. Discussion guidelines for all 21 services are included in Appendix C.

- **Multiple observation checklists.** Checklists for multiple observations have been developed for selected PHC services. This form is designed to record up to ten observations for each task or health worker. It also includes space for comments and actions taken. This checklist can be used, for example, to record ten observations of the same worker or 2-3 observations of several workers at one facility. It can be used to follow a worker over time, recording 2-3 observations during an initial visit, and 2-3 more during follow-up visits. With minor modifications these checklists can be used to observe group sessions. For example, the form could be enlarged (or several copies made) to observe all of the children immunized or weighed in a clinic session. Exhibit 4 is an abbreviated example of a multiple observation checklist for a general PHC visit. Multiple observation checklists for five of the 21 services are included in Appendix D.

Discussion guides

Some limitations

Service quality checklists aid supervisors by making the assessment more specific and objective. However, proper use of the checklists requires sound technical judgement and such supervisory skills as problem-solving and giving constructive feedback. Programme managers may find it advisable, in some cases, to combine the introduction of quality assessment activities with additional training for supervisors.

Such training might include a refresher course on technical service norms and basic supervisory skills. Some of the potential uses of the checklists imply a participatory team



approach to service quality improvement. If such approaches are to be used, managers, supervisors and health workers will need to complement their technical and managerial skills with team-building and group facilitation skills.

Exhibit 3: Service quality assessment discussion guidelines

ACUTE RESPIRATORY INFECTION

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules : Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for acute respiratory infection. You may also refer to the detailed version of the PHC service quality checklist (Appendix B) as a resource for the discussion.

Discussion :

- What works well in the way we provide ARI services?

Guidelines :

- What does not work well in the way we provide ARI services?
- What standards, guidelines or protocols are used for providing ARI services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for what types of ARI?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are at least two medical history questions asked?
 - Did the service provider ask about any treatment administered?
 - Is the respiratory rate counted?
 - Is the child classified by severity of illness?
 - Are antibiotics for pneumonia, strep throat or otitis given?
 - Did the service provider refrain from using antibiotics for colds?
 - Are clients told about at least three signs of pneumonia?¹
 - If antibiotics are prescribed, is the client asked, "How will you administer the medicine, how much, how often, for how long?"
-

¹ Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, and weakness or lethargy.



Exhibit 4:
Rapid quality assessment checklist
PHC household visit (abbreviated)

1. Health facility _____
2. Observer _____
3. Observer/supervisor _____
4. Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
 For interview questions, mark "yes" (Y) if the client responds correctly.

Observation number	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Registration and documentation													
5. Are all children under 5 registered on the family health card?													
6. Are all women over 16 registered on the family health card?													
MCH													
11. Vaccinate or arrange for vaccination of children who need to be immunized?													
18. If there are any malnourished children in the house, did the health worker check to be sure that nutritional counselling, food supplementation and/or medical attention are being received as indicated?													
20. If yes, recommend ORT and help the mother to prepare and administer it?													
31. Refer interested women or couples for family planning services?													
Water & sanitation													
35. Ask about access to water and provide information on community efforts to address problems (if necessary)?													
36. Ask about water storage practices and give appropriate advice?													
37. Ask about latrine maintenance and use and give appropriate advice?													
38. Ask about refuse and excreta disposal and give appropriate advice?													
General													
41. Verify that the client(s) understands key information from today's visit?													
42. Establish a good rapport with the mother?													

Service quality assessment procedures

This section describes the process of designing and carrying out quality assessment activities. The process, consisting of seven steps, can be followed by managers and supervisors at all levels.

-
- Step 1:** Specify the scope and objectives
 - Step 2:** Select the unit of observation and data collection techniques
 - Step 3:** Select and adapt the appropriate service quality checklist(s)
 - Step 4:** Develop the sampling procedures and select sample (optional)
 - Step 5:** Carry out the assessment
 - Step 6:** Compile and analyse the data
 - Step 7:** Report the findings, provide feedback, and take corrective action
-

A worksheet for developing quality assessment procedures has been developed and appears in its complete form in Appendix D. Portions of the worksheet are included in the steps described below.

Step 1: Specify the scope and objectives

The usual objective of quality assessment is to identify strengths and weaknesses in service delivery and to make subsequent corrections in order to improve overall service quality. The first step in developing quality assessment procedures, therefore, is for the manager or management team to define specific objectives and the scope of the assess-



ment. This is important because they have implications for design, analysis, and documentation. The following questions may help you define what you want to assess and why.

- **What is the purpose of the assessment?** The purpose of the assessment may be to monitor individual performance, to assess service quality in a group of health centres within a district, or to establish a baseline in order to monitor improvement over time. The purpose will have important implications for the design of the assessment.
- **What services will be included?** As noted previously, the assessment can be of one or more PHC services (immunization, antenatal care, etc.). It can also focus on a specific set of service tasks, e.g., weighing sessions, ANC counselling. Managers may want to do a quick assessment of priority PHC services and then follow up with a more detailed assessment of those that are the most problematic.
- **Who will use the information gathered?** The information resulting from a quality assessment can be used by local managers, the board of directors, regional or national directors, and/or donors. It can also be used by health workers themselves and the communities. Who will use the information will affect decisions about what information to collect, how much to collect, and how to report it.
- **How will the information be used?** The information can be used in a variety of ways. For example, it might be used to identify problems so that plans can be made for training, supervision, or technical assistance. The specific use of the information will have implications for what is collected and how it is analysed.
- **What geographic area will be covered?** Quality assessment can be carried out at any level, from a single health centre to a province, state, or nation. Some managers may want to pick a pilot area to start out and expand to other areas.
- **Over what period of time will the assessment take place?** When will the information be needed? That will help answer this scheduling question. How often will the assessment be done: once, twice, on a regular basis? Short, rapid assessments may be appropriate if time is short.



Also, some assessments may be carried out on an ongoing basis, while others may be done once or on an *ad hoc* basis.

• **What additional resources, if any, are available?**

Ideally, quality assessment should be carried out with resources that have been allocated to management and supervision. However, if a special QA study is planned, it might involve additional costs for transportation, per diem, and supplies. In designing studies, managers should assess whether additional resources are available and keep in mind the importance of financial feasibility and sustainability.

Part 1 of the worksheet for planning quality assessment procedures is presented below. A manager could use this worksheet to specify the scope and objectives of the assessment.

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 1: Specify the scope and objectives

- A. What is the purpose of the assessment? Assess service quality
- B. What services will be included? Health ed (imm, ORT, GM)
- C. Who will use the information gathered? PHC management team
- D. How will the information be used? Identify quality needs
- E. What geographic area will be covered? All 4 facilities
- F. Over what period of time will the assessment take place? 1 month
- G. What additional resources, if any, are available? List

Step 2: Select the unit of observation and data collection techniques

The next step in planning the assessment is to determine the unit of observation and data collection techniques.

• **Unit of observation.** Quality can be assessed by following clients through the system, by observing health workers provide services to different clients, and by observing a specific procedure multiple times. In addition, the quality of an entire clinic session or health centre can be assessed.



**Which
unit of
observa-
tion?**

Client/patient. If the client is the unit of observation, managers should design data collection instruments so that they can follow clients through the service delivery process. This may be appropriate in cases where different providers carry out different parts of the same service. For example, if one provider gives injections while another health worker documents the case and provides health education, it would be important to describe the main steps in the process, often called "patient flow," so that each can be individually assessed.

Health worker. If individual health workers are the units of observation, their routines to be observed. In such a case, the instruments should be designed to follow individual health workers rather than clients. For example, a supervisor might accompany a Community Health Worker (CHW) on several home visits to observe how he or she carries out his or her tasks.

Service elements. If the unit of observation is a service, or specific tasks, then multiple observations of that service or those tasks need to be made. This can be done in many ways. For example, an observer can watch the well-child clinic registration routine for several clients to determine what tasks are normally performed and how well they are done.

Clinic session. A variation of this is observation of an entire clinic session, which will require assessments of each of the major components of a typical session. A well-child clinic might include registration, health education, physical examinations, immunizations, growth monitoring, and so forth. Observations could be done by following a number of clients through the clinic session or by observing each station in the clinic.

Health centre. The health centre may also be the unit of observation. This is particularly appropriate if the objective is to conduct an overall assessment of health centre operations, or if there are health centre-specific



issues of concern, such as the adequacy of supplies. It might also be appropriate if the manager has reason to believe that variations in service quality relate to differences among health centres rather than differences among individual workers.

- **Data collection techniques.** Service quality data can be collected from direct observations, interviews, or a review of medical records. A brief explanation of each type of data source follows.

Direct observation by supervisor or peer. Observing service providers during service delivery directly assesses how well they apply their knowledge, and how well the patient responds to clinical treatment and counselling. It permits a supervisor, manager, or peer observer to help the health worker to evaluate service quality, identify problems, and measure improvement in performance. If actual service delivery cannot be observed, health workers can be asked to do a role play of a client encounter. While observation is a good way to determine whether service providers can do their assigned tasks, the observer has to be unobtrusive so as not to interfere with or distract the health worker and client. There is also a possibility that people will behave differently when being observed. This can usually be overcome with multiple observations. After awhile, people tend to ignore the observer and behave normally.

Data collection

Self-assessment. Service providers can use the checklist to assess their own performance by reviewing or filling out the checklist after a service delivery encounter. This type of information can support self-improvement efforts and can be used effectively when a system of participatory and supportive management is in place. However, if the self-assessments are to be turned in for review by superiors, the results may be biased, especially if the health workers are afraid that the assessments may be used against them.



Structured interviews. The checklists can also be used as a guide for interviews with providers by asking whether or not they carry out each activity on the checklist. Since most of the items are designed to code "no" responses as problems, the questions should be phrased so that they are not "leading" questions. For example, the supervisors could ask, "How do you assess a child with diarrhoea?" The supervisor would check off all items mentioned by the service provider. The supervisor would subsequently then ask about those items not mentioned and record the answers.

Open-ended interviews and discussions. The checklists can also be used more informally to identify topics for individual or group discussion. For example, a supervisor who discovers a persistent problem with accurate recording of children's weights in growth monitoring might use the checklist as a reference guide in a participatory problem-solving session.

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 2: Select unit of observation and data sources

Unit of observation:

- ☐ Client/patient
- ☐ Service elements
- ☒ Health worker
- ☐ Clinic session
- ☐ Health centre

Data sources:

- ☒ Direct observation
 - ☒ by supervisor
 - ☐ by peer
 - ☐ self-assessment
- ☐ Interview
 - ☐ structured interviews
 - ☐ open-ended interviews
 - ☐ discussion
- ☐ Record review
 - ☐ routine records
 - ☐ records kept especially for the assessment



Record review. Service quality assessments can also be based on review of records, especially health records. While a record review has limited value for assessing the service delivery process, such important information as whether a treatment was given or whether a required laboratory test was done can often be collected from records. If health records in a given health centre are not adequate, the checklists could serve as a guide for deciding what information should be collected during the observation period. For example, health workers might be asked to fill out a form covering a 2-3 week period about each ARI case contacted. The data generated could be used as part of a service quality assessment. The worksheet for Step 2 can be used to help determine the unit of observation and data sources.

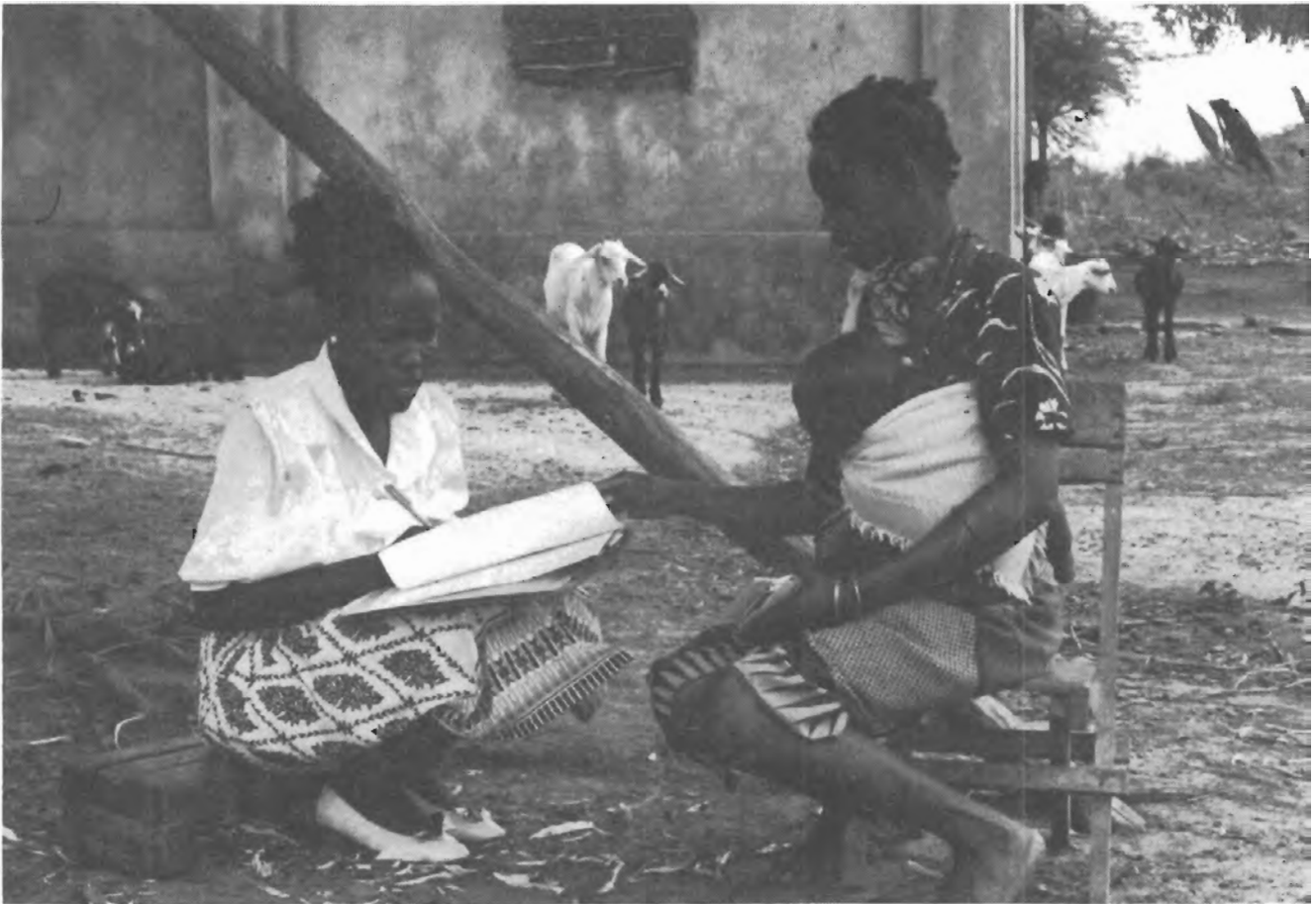
Step 3: Select and adapt the appropriate service quality checklist(s)

Managers may select the long or short version of the appropriate service quality checklist. While the checklists may be used as they are in some cases, the checklists will usually require some adaptation to each programme. Field tests have shown that it should take no more than 2-3 hours to revise the checklists. Adaptation can include omitting items that are not relevant, revising, rearranging and rephrasing items to fit local conditions, and adding items that are important to your programme. In certain cases you may wish to combine items or sections from several checklists to form a new one. The format and layout may also be modified, of course.

**Long or
short
checklist**

- Several managers have found it useful to make these changes in a group session involving the users who are usually supervisors and administrative staff. Group work helps to ensure that the key users become familiar with the instruments and the procedures and to develop a sense of "ownership" of the quality assessment. It is also quicker. When an instrument is prepared by one person it is often circulated for comment, revised, recirculated, etc. A form has been developed for managers who want to make up their own checklists. Exhibit 5 on the following page shows how the form might be used. A blank form is included in Appendix E.





Consumer satisfaction is one aspect of quality of service. In Mombasa, Kenya, reliable data is obtained when the respondent pays full attention and the questionnaire is short and well structured.

Photo by Daniel Hinckley for AKF



Exhibit 5: Example of a checklist developed by a programme manager
Group health education session, EPI, ORT, growth monitoring

22/1

1. Health Facility Northwest Center, South Centre
2. Observer B. Sing
3. Regular supervisor (same) _____

Instructions: Mark "yes" if the service provider carries out these activities during service delivery.

4. Observation number:	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
5. Date:	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	YES		
6. Service provider (initials):	LD	JB	KB	RT	MR	DL	-	-	-	-			
ORT: Did health worker discuss:													
7. Extra fluid?	Y	Y	Y	Y	Y	Y					6		
8. How to make oral rehydration solution?	Y	Y	Y	Y	Y	Y					6		
9. How much oral rehydration solution to give?	Y	N	Y	N	N	Y					3	Amount of ORT	Review messages and techniques at next meeting (PEB)
10. Signs of dehydration?	N	N	Y	Y	N	N					2	Signs of dehydration	
EPI: Did health worker discuss:													
11. Diseases prevented by vaccination?	Y	N	N	Y	Y	Y					4	Must explain benefits of vaccination	
12. Age for vaccination?	Y	Y	Y	Y	Y	Y					6		
13. Time and place for vaccination session?	Y	Y	Y	Y	Y	Y					6		
14. The importance of completing the series?	Y	Y	Y	Y	Y	Y					6		
Growth monitoring: Did health worker discuss:													
15. Importance of gaining weight?	Y	Y	Y	Y	Y	Y					6		
16. Purpose of growth monitoring?	Y	Y	Y	Y	Y	Y					6		
17. Time and place for growth monitoring session?	Y	Y	Y	Y	Y	Y					6		
18. Advice about child nutrition?	Y	Y	Y	Y	Y	Y					6		
19. Advice about weaning?	Y	N	N	Y	N	N					2	Not enough emphasis on weaning	Follow-up on training session in March
20. The importance of breast feeding?	Y	Y	Y	Y	Y	Y					6		
Technique:													
21. Did the health worker ask participants if they had any questions?	Y	Y	Y	Y	Y	Y					6		
22. Did the health worker repeat key messages?	Y	N	Y	N	N	Y					3	Techniques such as repetition and summary are not used	Individual review of techniques with RT & MR
23. Did the health worker establish a good rapport with participants?	Y	Y	Y	N	N	Y					4	Some health workers fail to	

Step 4: Develop the sampling procedures and select sample (optional)

This step is only necessary if the objective is to conduct a study or evaluation of quality in an administrative area, such as a district or province.

The purpose of sampling is to make an objective assessment of a large group without having to assess every member of that group. For example, if there are only ten health centres it might be best to do an assessment of each one. But if there are 100 and the manager wants to have an idea of the overall quality of the group, then a sample would be appropriate. It would also require much less time and effort to gather the needed information.

Detailed instructions for drawing random and cluster samples can be found in *Module 2: Assessing community needs*. The Appendices of Module 2 include instructions for determining sample sizes and computer programs that managers can use to calculate sample sizes, generate random samples, and select clusters. An excellent discussion of the technical issues surrounding sampling techniques can be found in an article by Lemeshow and Stroh.¹

**Sampling
optional**

- **When is sampling unnecessary?** When checklists are used to structure the performance evaluation of individual workers, sampling is not necessary. The purpose of such an evaluation should be to identify strengths and weaknesses and to support the service provider so that performance can be improved. For example, supervisors could use the checklists with each health worker, each health centre, and/or at selected PHC sessions in order to conduct quick assessments of the quality of each one. The results could be analysed immediately and discussed with the local staff or managers, and recommendations for immediate action could be made on the basis of these discussions. It would not be necessary to select a sample of workers, health centres, or sessions in this case.

¹ Lemeshow, S. and Stroh, G. *Sampling techniques for evaluating health parameters in developing countries*, Washington, DC, National Academy Press, 1988.



The following discussion summarises procedures that might be appropriate for drawing a sample for quality assessment, when sampling is required.

- **Developing the sampling frame.** The sampling frame is the complete list of all the potential units of study. This could be a list of health centres, health workers, PHC sessions, or scheduled PHC services. For example, if the objective is to assess the quality of services provided by CHWs, then a list of all of the CHWs would be needed. If the objective is to assess the quality of immunization services, then a list of scheduled immunization sessions would be required. In most cases managers will have such lists readily available. However, they should be reviewed to be sure that they are complete and up-to-date.

In some cases, such as where services will be provided by different individuals in different locations, lists of each will be needed. For example, prenatal care could involve CHWs who identify pregnant women, provide prenatal education, and make referrals; TBAs who do initial examinations, home deliveries, and make referrals; and nurse-midwives at health centres who see referred cases and make deliveries. A sampling frame would be made up of a list of all CHWs, TBAs and nurse-midwives.

- **Determining sample size.** When choosing the sample size, managers should consider how much precision is required as well as the resources and time available. Larger samples are more likely to be statistically valid and generalisable than smaller ones. But if the manager would be satisfied with a rough estimate, then a small sample may be adequate.

Sample size

For the purpose of service quality assessment, these issues are only important when the number of units is very large (say 100 CHWs) and high levels of precision are needed. For example, if a baseline study of a service is to be carried out, and a manager would like to be able to detect small changes in performance during a follow-up assessment, the precision of the sampling would be very important.

Most managers will be satisfied with rough estimates. A suggested rule of thumb is: if the number of units is very



large (say 500-1,000), take a ten percent sample; if it is of medium size (100-500), take a 15-20 percent sample; if it is small (50- 100), take a 20-30 percent sample; and if it is very small (less than 50), take a 30-50 percent sample.

- **Sampling procedures.** The most important principle of sampling is that the units selected for observation be representative of all of the units. For example, if there are 20 health centres and ten are going to be selected for the assessment, those ten should not be the best or worst of the 20. They should include the same proportion of good and poor centres as exists overall so that they represent the entire group.

There are four main sampling procedures that are appropriate for quality assessment.

- **Random sample.** A simple random sample can be drawn by first assigning a number to each unit included in the sampling frame. Second, the units should be selected randomly until you reach the required sample size. For example, if the sampling frame includes 200 TBAs, each TBA would be assigned a number from one to 200. If the sample size chosen is 20, 20 numbers from one to 200 would be chosen randomly, and the corresponding TBAs would constitute the sample. The random selection could be done by pulling numbers from a hat, consulting a random number table, or by using a computerised random number generator.

Sampling choices

A **stratified** random sample may be more appropriate if there are significant differences in the units to be observed; for example, if there are rural and urban health centres, if the health workers are made up of TBAs, auxiliary midwives, and CHWs, or if the immunization sessions are held in different sites (hospitals, health centres, schools). In this case the group should be divided into these categories and the samples should be drawn randomly from each subgroup. The number drawn from each subgroup should be in proportion to its size. For example, if 20 percent of the health workers are TBAs, then 20 percent of the sample should be TBAs.



**LQAS
a simple
method**

→**Systematic sample.** A systematic sample of size (n) may be drawn from the sampling frame by choosing a random starting point and selecting a unit at regular intervals (k). To determine (k), divide the total number of units on the list by the desired sample size (n). For example, if a programme has 100 service providers and the manager decides to select a sample of 33 then the manager would make a complete list of the 100 health workers, choose a random starting point, and then select every third health worker ($100/33=3$) until 33 have been selected.

→**Lot quality assurance sampling.** Lot Quality Assurance Sampling (LQAS) is a type of random sampling that uses very small samples, say six to 30 observations, to determine whether the specific batch or "lot" of finished products produced by a specific production unit meets a specified threshold of quality. This method was developed for industrial production but has recently been applied to health services. The "production unit" in PHC may be an individual health worker, a service delivery group, an encounter, a session, or a health centre. Examples are: all CHWs in a project area; all growth monitoring sessions conducted in January; all health centres operating in the city. Managers can use this technique to determine, for example, whether children are being weighed properly. LQAS does not tell a manager what proportion is weighed properly, just whether the proportion weighed properly is above or below a designated level.

The procedure requires the manager to specify a goal that the "batch" is expected to achieve and a "minimal acceptable" level of achievement. The manager must also specify the level of precision needed and the time and resources available for data collection.

With this information, the manager can use an LQAS table to determine the required sample size. For example, if the goal of a growth monitoring programme is to weigh 85% of children correctly with a minimum acceptable level of 65%, the required sample size would be 29 random observations. The table shows that 23 of 29 observed weighings would have to be done correctly to conclude that the programme is meeting its goal.



A table of sample sizes and acceptance thresholds is included in Appendix E. This table is taken from a manual on lot quality assessments by Wolff and Black, and is recommended for managers who wish to use this method.¹ It is important to note that LQAS results should never be presented as a percentage because they would be very imprecise. Instead, the method should be used only to determine whether or not performance is meeting a given standard.

→ **Convenience sampling.** If a manager wants to gather information quickly, minimise the amount of time invested in data collection, and is not too concerned about statistical precision, then a convenience sample may be an attractive option. A convenience sample is made up of units that are convenient to observe, usually because they are close by or scheduled to occur at a convenient time. To choose a convenience sample the manager selects a time and site for the assessment and makes as many observations as possible during the visit. For example, a supervisor might decide to spend one day in each of three nearby clinics to observe scheduled MCH sessions. The health facilities, MCH sessions, and service providers are not chosen randomly, and therefore the MCH sessions observed may not be representative of all MCH sessions. Nevertheless, many managers know their programmes well enough to spot extreme discrepancies and to interpret the results realistically.

**Easily
observable
units**

Two common variations of convenience sampling are **purposive** and **quota** sampling. The former involves selecting each unit "on purpose", i.e., not randomly or systematically. For example, a manager may decide to examine three of the best, three of the worst, and three average health centres.

A quota sample involves deciding how many observations will be made and then observing those that occur

1 Wolff, M. C., and Black, R. *Manual for conducting lot quality assessments in oral rehydration therapy clinics*. Baltimore, MD. The Johns Hopkins University School of Hygiene and Public Health, Institute for International Programs, 1989.



first until the "quota" of observations is met. For example, a supervisor might decide to make ten observations, and then observes the first ten women who come into an ANC session.

None of the convenience sampling techniques produce **probability** samples. This means that it is not possible to determine the probability that the results obtained are correct.

Following is a worksheet for planning the sampling procedures.

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 4. Develop the sampling procedures and select sample (optional)

Number of units in sampling frame: 4

Sample size _____ (%) = _____ (N)

Sampling method:

Census (100 percent sample) X all 4 centres

Random sample _____

Systematic sample _____

LQAS sample _____

Convenience sample _____

Purposive sample _____

Quota sample _____

What is the minimum number of observations that should be made for each unit? 10

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 5. Carry out the assessment

8/10 Preparation for the visit

8/16 Select and train observers

8/14 Produce data collection forms

8/16 Conduct a pretest of the checklists

8/12 Select dates for the assessment

8/14 Inform health centres and service providers (optional)

8/20 Arrange for transportation for data collection



Step 5 : Carry out the assessment

The preceding worksheet for planning quality assessment lists several important tasks that the manager or supervisor should do in preparation for the assessment visit.

Appendix E of Module 2 includes some guidelines for training and supervising field interviewers, which also apply to field observers.

Data collection with service quality checklists.

Before the assessment, the manager and/or observers should review the service quality checklists to be sure that they are comfortable with the format, procedures, and content. Most managers and supervisors may want to use the checklists as a part of routine supervision, but some may also want to use them periodically to do scheduled, formal assessments. Some may want to make unannounced visits so that staff do not make special preparations for the assessments.

Using checklists

It is usually a good idea to explain what the observer will be doing and why, thus avoiding misunderstanding and anxiety. Experience has shown that most workers want to improve their performance and welcome help and advice that is constructive. But they will also resist cooperating when they suspect that the information will be used against them. Ideally, quality assessment should be carried out in a supportive, constructive manner to help staff improve the way services are delivered.

Exhibit 6 shows a hypothetical example of a completed checklist. Each item requires a response of "yes" (Y), "no" (N), or "don't know/didn't observe/not applicable" (DK), and (NA, leave blank). The supervisor used the immunization quality assessment checklist during a routine supervisory visit. It shows that three health workers were observed at North West Health Center as they gave vaccinations. KB was observed three times, LD was observed three times, and SF was observed four times. It also records the responses of mothers, who were interviewed after the immunization, as well as the response of service providers who were interviewed at the end of the day. The cold chain and supplies were also inspected with the aid of the checklist.



Using discussion guides

Based on these observations, the supervisor noted the of the vaccine was done very well. following problems: health workers were missing opportunities to identify women and children who need vaccinations, health education about side effects and what to do about them was not adequate; but mothers did not know what vaccine their children had received and when to come back for the next shots. Also, the administration of the vaccine was done very well.

The checklist also shows that the supervisor addressed some problems immediately by pointing out errors and reminding health workers of vaccination norms. He then planned an in-service training session to review educational messages and techniques that go along with immunization. He also decided to check on the educational component of ORT and growth monitoring because he suspected that the problems identified were not limited to immunization.

Gathering information with discussion guidelines. If group discussions are to be held, the manager should give participants as much notice as possible and provide them with a brief description of the purpose of the meeting and the kind of information they will be asked to provide. This will allow staff to prepare by thinking about the topic beforehand and conferring among themselves. Also, this will afford participants time to gather information to illustrate their points of view, if they so desire. The ideal size for a group discussion is 5-10 people.

Each group discussion should begin with a brief introduction and explanation of the purpose of the discussion. Also, the person who leads the discussion should explain the ground rules to the group before the session. This is especially important if the group members normally work together. They should be reminded that this meeting has a different purpose and structure. The ground rules on the next page will help the group stay on course.

After the ground rules have been presented, the leader can use the guidelines to lead the discussion on a given service delivery topic. The leader of the group discussion can refer to the key questions included in the guidelines if there is a need to probe the issue in more detail.



Exhibit 6: Example of a completed quality assessment checklist

1. Health Facility Northwest Centre
2. Observer A. Sing
3. Regular supervisor B. Sing

Instructions: Mark "yes" if the service provider carries out these activities during service delivery.

4. Observation number:	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
5. Date:	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	YES		
6. Service provider (Initials):	KB	KB	KB	LD	LD	LD	SF	SF	SF	SF			
Identification of needed vaccinations													
7. Review health records to determine which immunizations are needed today?	N	N	N	N	N	N	N	N	N	N	0	missed opportunities to identify needed immunization	in-service training session to cover this topic
8. Review mother's health record or ask whether she has received Tetanus Toxoid immunization?	N	Y	N	N	Y	N	N	N	N	N	2	communication for women and children	
9. Review vaccination status of other children in the family?	Y	Y	Y	N	Y	N	N	N	N	N	4		
10. Recommend vaccination even if the child is sick?													
Preparation and care of vaccine													
11. Check the label for the correct vaccine and be sure the vaccine has not expired?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	carried out well	
12. Load the syringe without contamination?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		reviewed sterilization procedure with LD.
13. Use a sterile needle for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9	in one case LD used	
14. Use a sterile syringe for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9	needle and syringe twice	
15. Keep the vaccine on ice and covered during the session?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
Vaccination techniques													
16. Apply the vaccine at the right level (BCG=dermal layer, measles=subcutaneous layer, DTP/TT=muscle)?	DK	Y	DK	DK	Y	Y	DK	DK	Y	Y	5		
17. Dispose of the needle and syringe properly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
18. Was the child given all vaccinations needed today?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
19. If the mother required TT did the service provider vaccinate or arrange for vaccination?	N	Y	N	N	Y	N	N	N	N	N	2	problem relates to failure to ID mothers.	
Documentation													
20. Record the vaccination on the child's health card?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
21. Record the vaccination in health centre records?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
EPI education													
22. Tell the mother which vaccinations were given during this visit?	Y	Y	Y	Y	N	Y	Y	N	N	Y	7	should explain each time	review educational messages
23. Inform the mother of possible side effects (i.e. fever and pain)?	N	N	N	N	N	N	N	N	N	N	0	side affects were not discussed,	.
24. For BCG vaccination explain that a scar will form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		.
25. Tell mother where to go if there is a severe reaction to the vaccination?	N	N	N	N	N	N	N	N	N	N	0	severe reactions not discussed	

[illegible]

[illegible]

Exhibit 6: Example of a completed quality assessment checklist Immunization

1. Health Facility Northwest Centre
2. Observer B. Sing
3. Regular supervisor B. Sing

Instructions: Mark "yes" if the service provider carries out these activities during service delivery.

4. Observation number:	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
5. Date:	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	YES		
6. Service provider (initials):	KB	KB	KB	LD	LD	LD	SF	SF	SF	SF			
Identification of needed vaccinations													
7. Review health records to determine which immunizations are needed today?	N	N	N	N	N	N	N	N	N	N	0	missed opportunities to identify needed immunization	in-service training session to cover this topic
8. Review mother's health record or ask whether she has received Tetanus Toxoid immunization?	N	Y	N	N	Y	N	N	N	N	N	2	communication for women and children	
9. Review vaccination status of other children in the family?	Y	Y	Y	N	Y	N	N	N	N	N	4		
10. Recommend vaccination even if the child is sick?													
Preparation and care of vaccine													
11. Check the label for the correct vaccine and be sure the vaccine has not expired?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	carried out well	
12. Load the syringe without contamination?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		reviewed sterilization procedure with LD.
13. Use a sterile needle for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9	in one case LD used	
14. Use a sterile syringe for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9	needle and syringe twice	
15. Keep the vaccine on ice and covered during the session?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
Vaccination techniques													
16. Apply the vaccine at the right level (BCG=dermal layer, measles=subcutaneous layer, DTP/TT=muscle)?	DK	Y	DK	DK	Y	Y	DK	DK	Y	Y	5		
17. Dispose of the needle and syringe properly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
18. Was the child given all vaccinations needed today?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
19. If the mother required TT did the service provider vaccinate or arrange for vaccination?	N	Y	N	N	Y	N	N	N	N	N	2	problem relates to failure to ID mothers.	
Documentation													
20. Record the vaccination on the child's health card?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
21. Record the vaccination in health centre records?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
EPI education													
22. Tell the mother which vaccinations were given during this visit?	Y	Y	Y	Y	N	Y	Y	N	N	Y	7	should explain each time	review educational messages
23. Inform the mother of possible side effects (i.e. fever and pain)?	N	N	N	N	N	N	N	N	N	N	0	side effects were not discussed.	
24. For BCG vaccination explain that a scab will form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
25. Tell mother where to go if there is a severe reaction to the vaccination?	N	N	N	N	N	N	N	N	N	N	0	severe reactions not discussed	

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

The group leader should keep track of the time and guide the group to new topics when it seems that enough information in a specific area has been shared. Before moving to a new topic or question, the leader should ask the group if anyone has any final comments to add. At the end of the discussion, the leader should thank the group for participating and give everyone in the group one last opportunity to comment on the overall topic.

The leader should write a summary of the discussion, organised by topic, soon after the discussion so that key issues will not be forgotten. This information will be useful for identifying management problems, their causes, and possible solutions.

Step 6: Compile and analyse the data

The rapid data analysis plan outlined here allows managers to compile, analyse, and interpret results of quality assessment quickly and easily. Supervisors and managers can hand tabulate the results depending on the number of observations.

The information gathered during a service quality assessment may be tabulated using a simple matrix. Data is transferred from observation checklists to the matrix, and can be summed easily. If multiple observation checklists are used, the tabulation can be done on the checklist, eliminating the need to transfer the information to the tally sheet.

Exhibit 7 shows how a tally sheet was used to record and tabulate 30 observations of the quality of the PHC household visit. The question numbers correspond to those of the rapid service quality checklist in Appendix B. Note that the results show inadequate performance in nutrition counsel-



Exhibit 7: Example of a rapid quality assessment

Observation No.	Facility ID	Observer ID	Date	Question number :								
				5	6	11	18	20	27	31	37	41
1	A	LM	12-1	Y	Y	-	-	-	-	Y	N	Y
2	A	LM	12-1	Y	Y	-	-	-	-	N	N	Y
3	A	LM	12-1	Y	Y	Y	Y	-	-	N	N	Y
4	A	LM	12-1	Y	Y	Y	-	-	-	Y	N	Y
5	A	LM	12-1	Y	Y	-	-	-	-	N	Y	Y
6	A	LM	12-1	Y	Y	-	-	Y	Y	Y	N	Y
7	A	WS	12-1	Y	Y	N	N	-	-	Y	N	Y
8	A	WS	12-1	Y	Y	-	-	-	-	N	N	Y
9	A	WS	12-1	Y	Y	-	-	-	Y	Y	N	N
10	A	WS	12-1	Y	Y	-	-	N	-	Y	N	N
11	A	WS	12-1	Y	N	-	Y	-	-	Y	Y	Y
12	B	DN	12-8	Y	Y	-	-	-	-	Y	N	Y
13	B	DN	12-8	Y	Y	-	-	-	-	N	N	Y
14	B	DN	12-8	Y	Y	Y	N	Y	-	Y	N	N
15	B	DN	12-8	Y	Y	-	-	-	Y	Y	N	Y
16	B	DN	12-8	Y	Y	-	-	N	-	Y	N	Y
17	B	DN	12-8	N	N	Y	Y	-	-	N	N	Y
18	B	JR	12-8	Y	Y	-	-	-	-	Y	N	Y
19	B	JR	12-8	Y	Y	-	-	N	-	Y	N	Y
20	B	JR	12-8	Y	Y	-	N	Y	Y	N	N	Y
21	B	JR	12-8	Y	Y	-	-	-	-	Y	N	N
22	C	LD	12-15	N	N	Y	-	-	-	Y	N	Y
23	C	LD	12-15	Y	Y	-	-	Y	-	N	N	Y
24	C	LD	12-15	Y	Y	Y	-	-	Y	Y	N	Y
25	C	LD	12-15	Y	Y	-	-	N	-	Y	N	Y
26	D	TM	12-15	Y	N	-	N	Y	-	Y	N	Y
27	D	TM	12-15	N	Y	-	-	N	-	Y	N	Y
28	D	TM	12-15	Y	Y	-	-	-	-	N	N	Y
29	D	TM	12-15	Y	Y	-	Y	-	-	N	N	N
30	D	TM	12-15	Y	Y	-	-	-	-	Y	N	Y

Total observations	30	30	7	8	10	5	30	30	30
Total correct	27	26	6	4	5	5	20	2	25
Percent correct	90	87	86	50	50	100	67	7	83



ling, recommending ORT, referral for family planning, and discussing sanitation (items 18, 20, 31 and 37).

Rapid data analysis plan. The data analysis plan suggested here provides managers with a model for data analysis that provides essential service quality information. We recommend that you do these basic calculations for all quality assessments. Additional calculations can be carried out in accordance with the purposes of the study.

Total: Sum the number of observations for each variable (service delivery task). For example, question number 6 in Exhibit 7 resulted in 30 responses.

Frequency distributions or counts: Add up the number of "yes" and "no" responses for each service delivery task. For example, question number 6 in Exhibit 7 resulted in 26 "yes" responses and four "no" responses.

Percentage distributions: Take the number of each count ("yes" and "no") divided by the total number of observations $\times 100$. The percentage distribution for question 6 would be yes=87% and no=13%.

Threshold analysis: This procedure allows the manager to set a minimal acceptable level for each item to spot problems quickly. Those which exceed that level are identified as problems. For example, if the threshold is set at 80%, then question 6 would be classified as acceptable, while question 31, with only 67% correct performance would be a problem.

Scoring: In addition to analysing data by specific service delivery tasks, a scoring system can be developed to assess overall quality. For example, each task that was carried out could receive a score of one point. The total "quality score" would be the total number of points for a set of tasks compared with the maximum possible score. If some tasks are much more important than others, they can be given added weight (e.g., 1.5 or 2 points). If each question in Exhibit 7 were worth one point, the maximum possible score would be nine. Variable number 20 (performed by health worker TR) would receive a score of eight, while variable number 1 (performed by health worker LM) would receive a score of five.

Breakdown by site: Compare one site or session with another. Totals, counts and percentages can be calculated for each site. This will help managers to identify strengths and weaknesses at different sites. For example, assessment of facility A included 11 observations for questions 5 and 6. Correct performance of question 5 was 100% while question 6 was 91%.

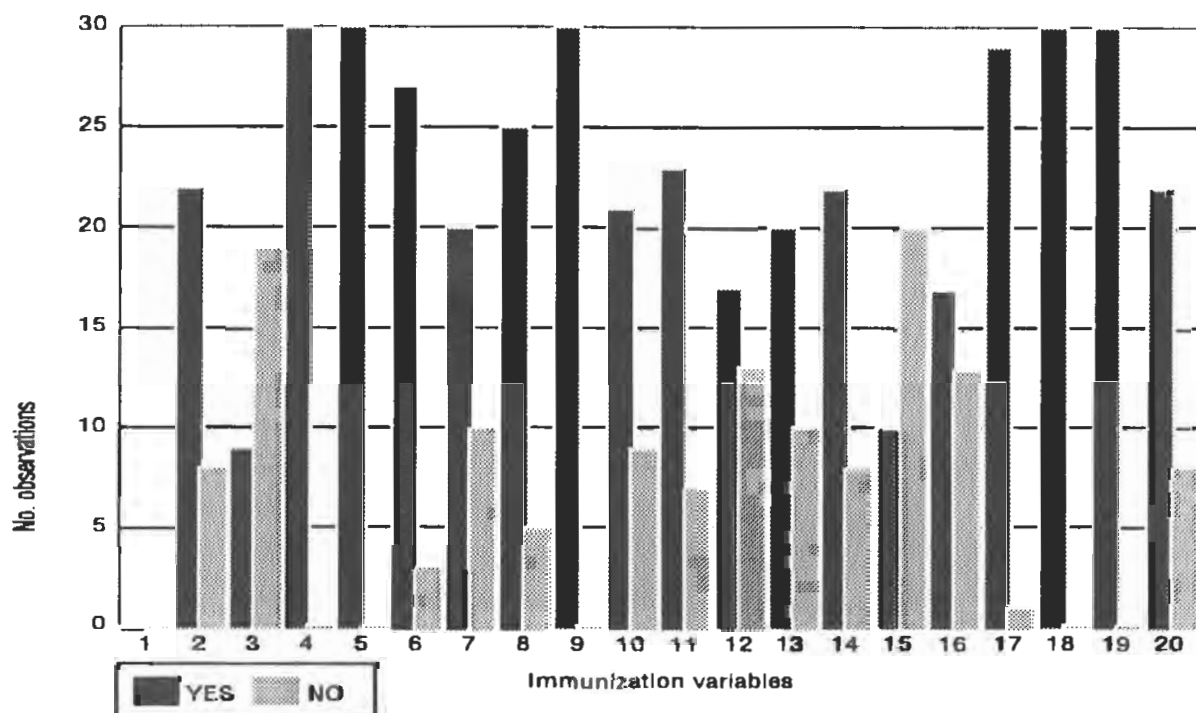
Graphs: Results can be plotted on a graph to give a manager or supervisor a summary of the data. This is a useful visual aid for presenting information. A graph could be made manually by plotting the variables on the horizontal axis and the percent on the vertical axis.



Exhibit 8 shows an example of such a graph, depicting results from 30 observations for immunization services, broken down into 20 service delivery tasks.

Exhibit 8: Observation of immunization services

30 observations



Step 7: Report the findings, provide feedback, and take corrective action

Quality assessment is the first step in quality improvement. It should be followed by steps designed to maintain the **quality of those** tasks that are done well while identifying and **implementing** ways to improve the quality of those tasks that are not.

The following are some guidelines for providing feedback and taking corrective action.

- **Which activities were carried out well?** Supervisors should begin by reviewing what the service provider did well. This reinforces good performance and establishes a constructive rapport between the service provider and supervisor.



- **Which activities need improvement?** Supervisors should then review the areas that need improvement, providing as much specific information as possible about what was incorrect, and how it should be done correctly.
- **Which can be corrected easily?** Some problems are easy to correct, have obvious solutions, and require little extra effort to do correctly. Supervisors should begin with these, exploring with the health worker and manager ways that corrections can be made. Experience has shown that those changes will be more acceptable and will more likely be implemented if they are suggested by the providers. The supervisor should encourage the health workers to take the initiative to make the corrections.
- **Which problems will be more difficult to correct?** These problems may need to be analysed more formally, either by a problem-solving group or through a formal study. The PHC MAP *Problem-solving* guide provides some guidelines and experiences that may be helpful. Also, the PRICOR Operations Research manuals describe procedures for setting priorities and designing and conducting studies to develop and test solutions to operational problems in PHC¹.



Volunteers in "Action iodine" campaign, Chitral, Northwest Frontier Province, Pakistan.

Photo by
Jean-Luc Ray
for AKF

¹ Blumenfeld, S. *PRICOR Monograph series: Methods Paper 1. Operations research methods: A general approach in primary health care*. Bethesda, MD: Center for Human Services, 1991.





Appendix A: Rapid service quality assessment checklists

Short form

GENERAL

PHC household visits
Health education

MATERNAL CARE

Antenatal care
Safe delivery
Postnatal care
Family planning

CHILD CARE

Breast feeding
Growth monitoring
Nutrition education
Immunization
Acute respiratory infection
Diarrhoeal disease control
Oral rehydration therapy

OTHER HEALTH CARE

Water supply, hygiene and sanitation
School health
Childhood disabilities
Accidents and injuries
Sexually transmitted diseases
HIV/AIDS
Malaria
Tuberculosis
Treatment of minor ailments
Chronic, non-communicable diseases

CLIENT SATISFACTION



Rapid quality assessment

1. Community assessment of primary health care (overall)

This checklist is intended for rapid assessment of service quality in the observation of service delivery during primary care visits in the household or health centre. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES___NO___ Register all children <5 on the family health card?
 6. YES___NO___ Register all women over 16 on the family health card?
 11. YES___NO___ Vaccinate or arrange for vaccination of children who need to be immunized?
- (If there are malnourished children in the house):
18. YES___NO___ Check to be sure that nutritional counselling, food supplementation and/or medical attention are being received?
- (If any children have diarrhoea):
20. Yes___No___ Recommend ORT and help the mother to prepare and administer it?
- (For each pregnant woman):
27. YES___NO___ Ask if she is receiving prenatal care and arrange for a prenatal visit if necessary?
- (For all households):
31. YES___NO___ Refer interested women or couples for family planning services?
 - 35-38. YES___NO___ Discuss water, hygiene, and sanitation, if indicated?
 41. YES___NO___ Establish a good rapport with the mother?



Rapid quality assessment

2. Health education

This checklist is intended for rapid assessment of service quality in the observation of service delivery of health education. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES___NO___ Determine participants' knowledge, attitudes, practices, about topic?
6. YES___NO___ Determine participants' general level of knowledge?
- 7-9. YES___NO___ Explain the topic and focus the discussion?
- 10-17. YES___NO___ Discuss all relevant aspects of the topic?
- 18-41. YES___NO___ Use appropriate discussion techniques to encourage active participation?
- 42-43. YES___NO___ Use appropriate educational materials during the presentation?
44. YES___NO___ Distribute any available educational materials?



Rapid quality assessment

3. Antenatal care

This checklist is intended for rapid assessment of service quality in the observation of service delivery of antenatal care. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- | | | |
|--------|---------------|--|
| 5. | YES____NO____ | Review and update obstetric record or family health card? |
| 6-12. | YES____NO____ | Ask at least two questions about reproductive history risk factors? |
| 13-25. | YES____NO____ | Ask at least two questions about risk factors associated with this pregnancy? |
| 29-34. | YES____NO____ | Perform at least 1 physical exam activity? |
| 35. | YES____NO____ | Immunize or arrange for immunization against tetanus? |
| 43. | YES____NO____ | Do a blood test (glucose, haemoglobin/haematocrit and malaria) if medically indicated? |
| 52. | YES____NO____ | Discuss the importance of having the delivery attended by a trained health worker? |
| 54. | Yes____No____ | Explain danger signs which require immediate attention? |
| 56. | Yes____No____ | Tell pregnant woman when and where to go for next prenatal visit? |



Rapid quality assessment

4. Safe delivery

This checklist is intended for use in rapid assessment of service quality in the observation of service delivery. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

Before birth:

5. YES___NO___ Sterilise needles, syringes, cord ties, scissors/razor blade?
6. YES___NO___ Prepare a clean birthing place?
- 8-16. YES___NO___ Take labour history?
17. YES___NO___ Review reproductive history for high-risk factors if necessary?

During birth:

- 18-31. YES___NO___ Conduct physical exam and monitor woman throughout labour?
- 39-43. YES___NO___ Assist the progress of labour?
- 44-50. YES___NO___ Assist with delivery?
- 51-59. YES___NO___ Seek help for obstetric problems and emergencies?
- 61-62. YES___NO___ Tie the umbilical cord with thread in three places and cut with blade/scissors?
64. YES___NO___ Determine APGAR score at 1 minute and 5 minutes after birth?
- 70-72. YES___NO___ Deliver placenta?

After birth:

- 73-76. YES___NO___ Monitor mother and provide needed care immediately after birth?
- 77-96. YES___NO___ Examine infant?
66. YES___NO___ Insert antibiotic eye ointment or silver nitrate drops into eyes within one hour after birth?
67. YES___NO___ Give BCG vaccination?
68. YES___NO___ Administer vitamin K?
97. YES___NO___ Discuss postnatal cleanliness and provide related instruction?
- 104-114. YES___NO___ Give advice about breast feeding?
- 115-119. YES___NO___ Give advice about well-child care?



Rapid quality assessment

5. Postnatal care

This checklist is intended for rapid assessment of service quality in the observation of postnatal care. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

-
1. _____ Health facility
 3. _____ Observer/supervisor
 4. _____ Date

Did the service provider:

- 5-14. YES___NO___ Ask the mother at least two medical history questions?
- 15-21. YES___NO___ Examine the mother?
- 22-37. YES___NO___ Examine the new-born child?
38. YES___NO___ Record findings of history and physical examination health record?
43. YES___NO___ Refer mother for special treatment if necessary?
47. YES___NO___ Refer infant for all physical conditions which need medical attention?
44. YES___NO___ Give BCG or verify that child received vaccination at birth?
45. YES___NO___ Give first DPT and OPV?
48. YES___NO___ Tell mother to feed the infant with breast milk only, for the first 4-6 months?
54. YES___NO___ Discuss family planning with the mother and tell her how she can obtain family planning services?
55. YES___NO___ Encourage mother to enrol child in well-child clinic?



Rapid quality assessment

6. Family planning

This checklist is intended for rapid assessment of service quality in the observation of service delivery for family planning services. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5-16. YES___NO___ Ask at least three medical and reproductive history questions?
17. YES___NO___ Take blood pressure?
18. YES___NO___ Examine breast for lumps?
19. YES___NO___ Examine patient for signs of anaemia?
24. YES___NO___ Recommend a method that was free of contra-indications for this client?
- 28,31-33 YES___NO___ Discuss side effects?

Ask client:

44. YES___NO___ How do you use the contraceptive you received today?
45. YES___NO___ What are the possible side effects?



Rapid quality assessment

7. Breast feeding

This checklist is intended for rapid assessment of service quality in the observation of service delivery for promotion of breast feeding. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
 3. _____ Observer/supervisor
 4. _____ Date

Did the service provider:

- 5-10. YES___NO___ Ask about mother's knowledge and practice concerning breast feeding?
11. YES___NO___ Instruct mothers on the health benefits to mother and child of breast feeding?
- 12-19. YES___NO___ Recommend how long to breast feed and encourage continued breast feeding during illness?
- 20-23. YES___NO___ Instruct mother on method of breast feeding?
- 24,29. YES___NO___ Explain warning signs that indicate the mother should seek help?
- 25-26 YES___NO___ Provide counselling, as appropriate, on family planning methods and contraceptive benefits of breast feeding?
- 32-35 YES___NO___ Provide appropriate counselling on diet during lactation, nutrition supplements, and important locally available foods?
- 39-41 YES___NO___ Advise mother on weaning practices and food preparation.



Rapid quality assessment

8. Growth monitoring/nutrition education

This checklist is intended for rapid assessment of service quality in the observation of service delivery for growth monitoring and nutrition education. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5-7. YES___NO___ Calculate the age correctly?
- 8-12. YES___NO___ Weigh the child correctly?
- 13-15. YES___NO___ Plot the child's weight correctly?

(If the child is malnourished):

17. YES___NO___ Refer for nutritional counselling?
- 18-28. YES___NO___ Make at least 1 appropriate recommendation about child feeding and care?

Ask mother:

39. YES___NO___ Did your child gain weight, lose, or stay the same since the last weighing?

Ask service provider:

36. YES___NO___ Do you have a working scale?
43. YES___NO___ Do you have a way of tracking malnourished children?



Rapid quality assessment

9. Child immunization

This checklist is intended for rapid assessment of service quality in the observation of service delivery for child immunization. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

13. YES _____ NO _____ Use a sterile needle for each injection?
14. YES _____ NO _____ Use a sterile syringe for each injection?
17. YES _____ NO _____ Give the child all vaccinations needed today?
19. YES _____ NO _____ Record the vaccination on the child's health card?

Ask the service provider:

36. YES _____ NO _____ Was the registered temperature between 0 and 8 degrees (C) at all times during the last month?

(For outreach sessions):

41. YES _____ NO _____ Were vaccines transported in cold boxes with ice packs?

Ask mother:

43. YES _____ NO _____ When should you return for the next immunization?



Rapid quality assessment

10. Acute respiratory infection

This checklist is intended for rapid assessment of service quality in the observation of service delivery for acute respiratory infection. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5-12. YES___NO___ Ask at least two medical history questions?
13. YES___NO___ Ask about any treatment administered?
15. YES___NO___ Count respiratory rate?
24. YES___NO___ Classify child by severity of illness?
25. YES___NO___ Give antibiotics for pneumonia, strep throat or otitis?
26. YES___NO___ Refrain from using antibiotics for colds?
36. YES___NO___ Tell mother about at least three signs of pneumonia?¹

Ask mother:

(If antibiotics were prescribed):

- 45-46. YES___NO___ How will you administer the medicine (how much, how often, for how long)?

¹ Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety and weakness or lethargy.



Rapid quality assessment

11. Diarrhoeal disease control/oral rehydration therapy

This checklist is intended for rapid assessment of service quality in the observation of service delivery for diarrhoeal control and oral rehydration therapy. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5-11. YES___NO___ Ask at least two medical history questions?
- 12-16. YES___NO___ Perform at least two physical exam activities?
17. YES___NO___ Determine the degree of dehydration (none, moderate, severe)?
18. YES___NO___ Prescribe safe ORS solution?
20. YES___NO___ Refrain from using antibiotics, except when stools contain blood or mucus?
22. YES___NO___ If the child is dehydrated, administer ORS solution immediately or refer the child to a nearby centre?
31. YES___NO___ Tell mother how much ORS solution to give and how often to give it?
35. YES___NO___ Show mother how to prepare ORS solution?



Rapid quality assessment

12. Water supply, hygiene and sanitation

This checklist is intended for rapid assessment of service quality in the observation of service delivery for education in water supply, hygiene and sanitation. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

10. YES _____ NO _____ Discuss keeping water in a clean, covered container?
13. YES _____ NO _____ Discuss the importance of hand washing before eating, feeding children, and food preparation?
16. YES _____ NO _____ Inspect latrine?
23. YES _____ NO _____ Discuss appropriate latrine use and human waste disposal (e.g. baby potty for children under three)?
28. YES _____ NO _____ Recommend burning or burying refuse?
30. YES _____ NO _____ Recommend penning animals away from the house?

Ask mother:

37. YES _____ NO _____ Why is it important to wash your hands?



Rapid quality assessment

13. Childhood disabilities

This checklist is intended for rapid assessment of service quality in the observation of service delivery for childhood disabilities. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5.-9 YES___NO___ Ask questions from the mother to identify factors which may have contributed to a disability?
- 10-20. YES___NO___ Ask questions from the mother to determine the type and degree of disability?
- 21-32 YES___NO___ Correctly examine the child for type and degree of disability?
33. YES___NO___ Administer/prescribe available treatment or therapy according to established treatment guidelines?
34. YES___NO___ Make the appropriate referral according to established guidelines?
- 36-37. YES___NO___ Provide information on available local services for the disabled?
- 42-44. YES___NO___ Discuss what parents, family and community can do to help children with disabilities?

Ask client

53. What is your child's disability?
55. If applicable, do you know how to prevent a similar disability from happening again?
- 56-59. What information was given to you about treatment and/or where to go for help?



Rapid quality assessment

14. Accidents and injuries

This checklist is intended for rapid assessment of service quality in the observation of service delivery for accidents and injuries. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES___NO___ Correctly identify type of injury?
6. YES___NO___ Obtain a history of the injury, e.g., cause, time, etc.?
7. YES___NO___ Administer proper treatment according to established guidelines?
8. YES___NO___ Make the appropriate referral according to established guidelines?
9. YES___NO___ Discuss some common injuries and how they may be prevented?
- 10,11,13 YES___NO___ Discuss child safety in and around the home?
12. YES___NO___ Discuss any occupational safety issues?
- 14-15. YES___NO___ Explain how to recognise an emergency and where to go for help?



Rapid quality assessment

15. Sexually transmitted diseases

This checklist is intended for rapid assessment of service quality in the observation of service delivery for sexually transmitted diseases. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES___NO___ Ask about symptoms of infection?
- 6-9. YES___NO___ Ask about previous exposure to STD and any treatments administered?
- 10-11. YES___NO___ Ask about exposure to other potential sources of infection, e.g., blood, non-sterile instruments, etc.?
- 15-18. YES___NO___ Ask about possible risk behaviours associated with STD?
- 21-30. YES___NO___ Examine patient for signs of infection?
- 38-41. YES___NO___ Diagnose and treat patient according to established guidelines?
- 32-37,42 YES___NO___ Refer patients for diagnoses, treatment or laboratory testing according to established guidelines?
- 45-51. YES___NO___ Provide health education on the modes of transmission and prevention of STD?
47. YES___NO___ Instruct the client on the correct and consistent use of condoms?
- 54-67 YES___NO___ Provide appropriate counselling on testing procedures, confidentiality and meaning of test results?
- 68-75 YES___NO___ Provide appropriate counselling to STD cases on available treatments, complications of disease or any long-term effects, and possible risks to partners and/or children?



Rapid quality assessment

16. Malaria

This checklist is intended for rapid assessment of service quality in the observation of service delivery for malaria. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- 5-10. YES___NO___ Ask at least two medical history questions?
11. YES___NO___ Ask about anti-malarial drugs taken in the last 24 hours?
12. YES___NO___ Ask about other symptoms to rule out other fever-related illnesses?
13. YES___NO___ Take temperature?
20. YES___NO___ Make blood slide or refer case to a facility where a blood slide may be examined?
22. YES___NO___ Administer or prescribe appropriate anti-malarial drug according to local norms?
- 25-26. YES___NO___ If fever is over 39 degrees C: Administer antipyretic drug and sponge or bathe with water?
30. YES___NO___ Discuss danger signs that may indicate unresponsive or complicated malaria?
31. YES___NO___ Tell client to return for consultation if danger signs develop?

Ask client:

52. YES___NO___ If medicine is prescribed: How will you take the medicine, how much, how often, and for how long?



Rapid quality assessment

17. Tuberculosis

This checklist is intended for rapid assessment of service quality in the observation of service delivery for tuberculosis. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES _____ NO _____ Ask about persistent cough, two weeks or more?
6. YES _____ NO _____ Ask about persistent fever, one month or more?
7. YES _____ NO _____ Ask about weight loss?
8. YES _____ NO _____ Ask about blood in sputum?
17. YES _____ NO _____ Perform cutaneous TB test?
19. YES _____ NO _____ Refer for sputum examination?
21. YES _____ NO _____ Prescribe medicines or refer for treatment according to local norms?
22. YES _____ NO _____ For follow-up cases: Verify that client is taking medicine correctly?
28. YES _____ NO _____ Explain how much and how often to take medicine?
29. YES _____ NO _____ Stress the importance of completing the treatment?

Ask client:

44. YES _____ NO _____ If drugs were prescribed: How will you take your medication, how much, how often, and for how long?
47. YES _____ NO _____ If further testing is needed: Where will you go for the test?



Rapid quality assessment

18. Treatment of minor ailments

This checklist is intended for rapid assessment of service quality in the observation of service delivery for minor ailments. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the health provider:

5. YES _____ NO _____ Ask about the chief complaint, fever, pain, cough, etc?
6. YES _____ NO _____ Determine the present history of the illness?
7. YES _____ NO _____ Determine condition-related past and family history?

Physical examination

Did the service provider:

8. YES _____ NO _____ Check vital signs, blood pressure, temperature, pulse, respiration rate etc.
9. YES _____ NO _____ Conduct a related physical exam?

Diagnosis

Did the service provider:

10. YES _____ NO _____ Make differential diagnosis, e.g., cough, TB, pneumonia, bronchitis, abdominal pain, gastroenteritis, acute cholecystitis, appendicitis, etc.?

Laboratory diagnosis

Did the service provider:

11. YES _____ NO _____ Order condition- or preliminary diagnosis-related diagnostic tests, laboratory tests, x-ray studies, etc.?

Treatment and follow-up plans

Did the service provider:

13. YES _____ NO _____ Provide appropriate treatment according to the condition?
14. YES _____ NO _____ Provide information to the patient about the condition and treatment plan?
18. YES _____ NO _____ Discuss the importance of compliance with the drug therapy?
21. YES _____ NO _____ How often will you take this medicine?
22. YES _____ NO _____ What is the dose you will take?
23. YES _____ NO _____ For how long will you continue treatment?



Rapid quality assessment

19a. Hypertension

This checklist is intended for rapid assessment of service quality in the observation of service delivery for hypertension. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

- | | | |
|-----------|-------------|---|
| 5-6 | YES___NO___ | Take a proper blood pressure reading? |
| 7-13. | YES___NO___ | Ask about chief complaints, e.g., blurred vision, severe headache, shortness of breath, chest pain? |
| 14,16. | YES___NO___ | Ask about prior/current experience and treatments for hypertension? |
| 15. | YES___NO___ | Ask about family history of hypertension? |
| 17. | YES___NO___ | Ask about history of diabetes or stroke? |
| 21. | YES___NO___ | Ask about current lifestyle, e.g., work, stresses, home conditions? |
| 23-24. | YES___NO___ | Ask about previous illness and treatment? |
| 25-34. | YES___NO___ | Perform a physical exam which included a check of vital signs, blood pressure, heart, pulse in foot, neck veins or other as per local policy? |
| 35-38. | YES___NO___ | Provide patients with health education/counselling on hypertension? |
| 39-43. | YES___NO___ | Instruct patients on the use of any prescribed medication? |
| 46,48-49. | YES___NO___ | Educate patients on appropriate low sodium diet and exercise? |
| 44-45. | YES___NO___ | Inform patients of the warning signs indicating when to return to the clinic? |



Rapid quality assessment

20b. Diabetes mellitus

This checklist is intended for rapid assessment of service quality in the observation of service delivery for diabetes mellitus. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES___NO___ Ask about symptoms, e.g., blurred vision, unusual thirst, urinary tract infection, yeast infection if a woman, foot problems, numbness, recurrent infection?
- 6-15. YES___NO___ Perform a physical exam including a check of vital signs, general appearance, appearance and pulse in feet, fast breathing, signs of dehydration, or others as per local norm?
16. YES___NO___ Conduct lab tests, (e.g., blood sugar, urine) as appropriate?
- 17-19. YES___NO___ Provide patients with health education/counselling on appropriate diet and exercise?
22. YES___NO___ Instruct family members how to handle common diabetic emergencies?
- 25-30. YES___NO___ Educate the patient on proper foot care and protection?

For women of child bearing age:

31. YES___NO___ Discuss the importance of maintaining blood sugar levels within a specified range before and during pregnancy to prevent birth defects?
32. YES___NO___ Refer high-risk pregnancies as per local norm?



Rapid quality assessment

21c. Anaemia

This checklist is intended for rapid assessment of service quality in the observation of service delivery for anaemia. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. _____ Health facility
3. _____ Observer/supervisor
4. _____ Date

Did the service provider:

5. YES _____ NO _____ Ask about chief complaints, whether pregnant?
6. YES _____ NO _____ Ask if there is any blood in stool?
7. YES _____ NO _____ Determine the occult blood in the stool?
11. YES _____ NO _____ Check colour of conjunctiva?
9. YES _____ NO _____ Discuss some common injuries and how they may be prevented?
13. YES _____ NO _____ Ask about family history of anaemia?
15. YES _____ NO _____ Give complete physical examination, chest, abdomen, etc.?
16. YES _____ NO _____ Get complete blood count with reticulocyte count?
18. YES _____ NO _____ Determine haemoglobin type, region, race, age or sex?
21. YES _____ NO _____ Determine the aetiology of the anaemic condition?
22. YES _____ NO _____ Determine appropriate consultation; referral to a specialist, if needed?

Ask client:

24. YES _____ NO _____ Were you provided nutrition counselling?

Ask the service provider:

29. YES _____ NO _____ Do you know how to administer the drug, how much, how often and how long?
30. YES _____ NO _____ Do you know where you can get refills for the drug?
34. YES _____ NO _____ How can you care for anaemia?



Appendix B: Rapid service quality assessment checklists

Long form

GENERAL

PHC household visits
Health education

MATERNAL CARE

Antenatal care
Safe delivery
Postnatal care
Family planning

CHILD CARE

Breast feeding
Growth monitoring
Nutrition education
Immunization
Acute respiratory infection
Diarrhoeal disease control
Oral rehydration therapy

OTHER HEALTH CARE

Water supply, hygiene and sanitation
School health
Childhood disabilities
Accidents and injuries
Sexually transmitted diseases
HIV/AIDS
Malaria
Tuberculosis
Treatment of minor ailments
Chronic, non-communicable diseases

CLIENT SATISFACTION



PHC service quality checklist

1: Community assessment of primary health care

This checklist is intended for use in the observation of service delivery during primary care visits in the household or health centre. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Registration and documentation

Did the service provider:

5. YES _____ NO _____ Register all children under 5 in the family health card?
6. YES _____ NO _____ Register all women over 16 in the family health card?
7. YES _____ NO _____ Update information during the visit?
8. YES _____ NO _____ Record this visit in health centre records?

Under 5 care

Immunization:

Did the service provider:

9. YES _____ NO _____ Discuss the importance of vaccination?
10. YES _____ NO _____ Review the immunization status of all children under 5?
11. YES _____ NO _____ Vaccinate or arrange for vaccination of children who need to be immunized?
12. YES _____ NO _____ Review vaccinations needed and the appropriate dates with mother?
13. YES _____ NO _____ Answer mother's questions about vaccination?

Growth monitoring:

Did the service provider:

14. YES _____ NO _____ Review the growth cards of all children under 5?
15. YES _____ NO _____ Weigh children or refer them for growth monitoring?
16. YES _____ NO _____ Discuss changes in weight with the mother and give nutritional advice?
17. YES _____ NO _____ Answer mother's questions about growth monitoring and nutrition?
18. YES _____ NO _____ If there are any malnourished children in the house: Did the health worker check to be sure that nutritional counselling, food supplementation, and/or medical attention are being received?

ORT:

Did the service provider:

19. YES _____ NO _____ Ask if any children in the household had diarrhoea?



20. YES _____ NO _____ If yes, recommend ORT, and help the mother to prepare and administer it?
21. YES _____ NO _____ If no, review the importance of ORT and encourage mother to use it in future diarrhoea episodes?
22. YES _____ NO _____ Answer mother's questions about ORT?
23. YES _____ NO _____ Demonstrate how to make ORT, or invite mother to a demonstration, if necessary?

Maternal care

Antenatal care:

Did the service provider:

24. YES _____ NO _____ Discuss the importance of prenatal care?
25. YES _____ NO _____ Ask if any women in the household are pregnant?
26. YES _____ NO _____ Talk with each pregnant woman about her general well-being?
27. YES _____ NO _____ Ask if each pregnant woman is receiving prenatal care and arrange for a prenatal visit if necessary?
28. YES _____ NO _____ Give nutritional advice and iron/calcium supplementation to each pregnant woman?
29. YES _____ NO _____ Answer pregnant woman's questions?

Family planning:

Did the service provider:

30. YES _____ NO _____ Provide information about family planning services?
31. YES _____ NO _____ Refer interested women or couples for family planning services?
32. YES _____ NO _____ Ask women who already use contraception if they are happy with their method?
33. YES _____ NO _____ Refer current users for advice or follow-up, if necessary?
34. YES _____ NO _____ Answer questions about family planning?

Water and sanitation:

Health workers should include water and sanitation if there is a current or recent case of diarrhoea in the home or in any homes where the health worker feels that poor water and sanitation may constitute a health risk.

Did the service provider:

35. YES _____ NO _____ Ask about access to water and provide information about community efforts to address problems, if necessary?
36. YES _____ NO _____ Ask about water storage practices and give appropriate advice?
37. YES _____ NO _____ Ask about latrine maintenance and use and give appropriate advice?
38. YES _____ NO _____ Ask about refuse and excreta disposal and give appropriate advice?

General

Did the service provider:

39. YES _____ NO _____ Ask if anyone in the household is ill and give appropriate advice?
40. YES _____ NO _____ Follow up on recent illnesses?
41. YES _____ NO _____ Verify that the client(s) understands key information from today's visit?



PHC service quality checklist

2: Health education^{1 2}

This checklist is intended for use in supervision and monitoring of health education services provided by clinic-based health workers and community-based health workers. The list is comprehensive and includes some clinical tasks that the traditional birth attendants and other peripheral workers do not routinely carry out. The checklist should be modified and simplified according to the local situation. This checklist is intended for use in the observation of service delivery. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Determine educational background

Did the service provider:

5. YES _____ NO _____ Determine participants' knowledge, attitudes, practices (KAP) about topic?
6. YES _____ NO _____ Determine participants' general level of education?

Discussion of topic

Did the service provider:

7. YES _____ NO _____ Clearly define the purpose of the meeting?
8. YES _____ NO _____ Discuss the relevance and purpose of the topic?
9. YES _____ NO _____ Remain focused on the topic in hand?
10. YES _____ NO _____ Explain risk factors (i.e. biological, environmental, socio-economic, behavioural, health care related)?
11. YES _____ NO _____ Discuss transmission and prevention?
12. YES _____ NO _____ Discuss specific recommended behaviour changes?
13. YES _____ NO _____ Discuss benefits of the proposed behaviour change?
14. YES _____ NO _____ Discuss potential obstacles and problems?
15. YES _____ NO _____ Discuss potential complications and danger signs?
16. YES _____ NO _____ Discuss when to go for services/follow up or seek help, if needed?
17. YES _____ NO _____ Discuss where to go for services or seek help, if needed?

Use of appropriate techniques

Did the service provider:

18. YES _____ NO _____ Establish good rapport with the participants?
19. YES _____ NO _____ Demonstrate sensitivity to existing/various levels of KAP?

1 Pleiffer, J. (ed.), *Theories and models in applied behavioral science*, vol. II, p. 12, 28, 65-66, 139, 140, 147-149, 189, 227.

2 Wallerstein, N. & Bernstein, E., Empowerment, education: Freire's ideas adapted to Health education, *Health Education Quarterly*, vol. 15, No. 4, p. 379-383 (1988).



20. YES _____ NO _____ Appeal to emotional and intellectual reasons for behaviour change?
21. YES _____ NO _____ Solicit participants' honest opinions at the outset of the meeting?
22. YES _____ NO _____ Avoid use of technical/medical terminology?
23. YES _____ NO _____ Speak clearly and make eye contact?
24. YES _____ NO _____ Use verbal and non-verbal communication?
25. YES _____ NO _____ Use creative presentations, appealing to all five senses, to help to mitigate boredom and fatigue?
26. YES _____ NO _____ Focus on observable behaviour that can be relatively easily changed?
27. YES _____ NO _____ Communicate the desired behaviour change in a specific, non-threatening and non-judgemental manner?
28. YES _____ NO _____ Display willingness to compromise as needed?
29. YES _____ NO _____ Avoid imposing his/her cultural values and choices?
30. YES _____ NO _____ Use demonstrations or models during the presentation?
31. YES _____ NO _____ Use role playing during the presentation?
32. YES _____ NO _____ Promote group discussion and participation during the presentation?
33. YES _____ NO _____ Promote group members' practice/application of their newly acquired behaviour, to allow them to gain confidence?
34. YES _____ NO _____ Discuss problems and examples that are realistic and relevant to the participants?
35. YES _____ NO _____ Repeat or restate key messages?
36. YES _____ NO _____ Ask participants to repeat key messages or demonstrate an activity?
37. YES _____ NO _____ Verify that participants understand key information?
38. YES _____ NO _____ Ask participants if they have any questions?
39. YES _____ NO _____ Respond thoroughly to questions from the audience?
40. YES _____ NO _____ Ask for feedback on the presentation from the participants?
41. YES _____ NO _____ Allocate time well?

Use of materials

Did the provider:

42. YES _____ NO _____ Use audio-visual materials during the presentation?
43. YES _____ NO _____ Use materials appropriate for illiterate participants, if necessary?
44. YES _____ NO _____ Distribute any available educational materials?

Exit interview with participants

Mark "yes" if the respondent answers correctly:

45. YES _____ NO _____ What are the main points that you discussed today?
46. YES _____ NO _____ Do you feel ready/able to begin the behaviour change?
47. YES _____ NO _____ When should you return to the health centre (if needed)?
48. YES _____ NO _____ Was this helpful/interesting to you?

Interview with provider

Mark "yes" if the respondent answers correctly:

49. YES _____ NO _____ Did you communicate the points that you had planned to?



PHC service quality checklist

3: Antenatal care

This checklist is intended for use in supervision and monitoring of antenatal services provided by health workers, community-based health workers, and traditional birth attendants. The list is comprehensive and includes some clinical tasks that the traditional birth attendants and other peripheral workers do not routinely carry out. The checklist should be modified and simplified according to the local situation. This checklist is intended for use in the observation of service delivery. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Reproductive history

Did the service provider:

5. YES _____ NO _____ Review obstetric record or family health card?

Did the service provider update information on the following:

6. YES _____ NO _____ Age?
7. YES _____ NO _____ Date of last menstrual period?
8. YES _____ NO _____ Date of last delivery?
9. YES _____ NO _____ Number of previous pregnancies?
10. YES _____ NO _____ Outcome of each pregnancy?
11. YES _____ NO _____ Complications during previous pregnancies?¹
12. YES _____ NO _____ Current or past breast feeding?

Did the service provider ask about risk factors:

13. YES _____ NO _____ Spotting/bleeding during current or past pregnancies?
14. YES _____ NO _____ Burning on urination?
15. YES _____ NO _____ Foul smelling vaginal discharge?
16. YES _____ NO _____ Diabetes?
17. YES _____ NO _____ Cardiovascular problems?
18. YES _____ NO _____ Renal problems?
19. YES _____ NO _____ Female circumcision?
20. YES _____ NO _____ Previous injuries, especially to pelvis?
21. YES _____ NO _____ Medications currently being taken?
22. YES _____ NO _____ Smoking?
23. YES _____ NO _____ Alcoholism?
24. YES _____ NO _____ Drug abuse?
25. YES _____ NO _____ Any other problems associated with current pregnancy?

¹ Complications include bleeding, toxemia, infection, prolonged labour, RH incompatibility, Cesarean section, stillbirth, and spontaneous abortion.



Ask about preventive actions taken:

26. YES _____ NO _____ Immunization against tetanus?
 27. YES _____ NO _____ Malaria prophylaxis?
 28. YES _____ NO _____ Plans for delivery?

Physical exam

Did the service provider:

29. YES _____ NO _____ Take pulse?
 30. YES _____ NO _____ Take blood pressure?
 31. YES _____ NO _____ Correctly measure height and weight?
 32. YES _____ NO _____ Correctly examine legs, face, and hands for signs of oedema?
 33. YES _____ NO _____ Calculate expected date of delivery?
 34. YES _____ NO _____ Assess adequacy of pelvic outlet?

Routine preventive services for pregnant women

Did the service provider:

35. YES _____ NO _____ Immunize or arrange for immunization against tetanus?
 36. YES _____ NO _____ Administer or prescribe iron supplements?
 37. YES _____ NO _____ Administer or prescribe nutrition supplements?
 38. YES _____ NO _____ Administer or prescribe anti-malarial drugs if indicated?

Referral

Did the service provider:

39. YES _____ NO _____ Encourage mother to attend prenatal sessions at the local health facility?
 40. YES _____ NO _____ Refer high-risk pregnancies for additional medical attention?¹
 41. YES _____ NO _____ Recommend hospital birth for high-risk pregnancies?
 42. YES _____ NO _____ Refer for urine examination (sugar and protein) if medically indicated?
 43. YES _____ NO _____ Refer for blood test (glucose, haemoglobin/haematocrit or malaria diagnosis) if medically indicated?
 44. YES _____ NO _____ Refer for blood test for RH factor determination?
 45. YES _____ NO _____ Refer for syphilis serology test (per local norms or if medically indicated)?

Counselling

Did the service provider:

46. YES _____ NO _____ Explain the importance of continuing prenatal care during pregnancy?
 47. YES _____ NO _____ Explain the benefits of weight gain during pregnancy?
 48. YES _____ NO _____ Discuss the types of foods to include in diet during pregnancy?
 49. YES _____ NO _____ Explain how to take iron tablets/nutrition supplements?
 50. YES _____ NO _____ Warn about dangers of alcohol, smoking, drugs?
 51. YES _____ NO _____ Explain the importance of tetanus toxoid immunization during pregnancy?

¹ Referral is indicated if: 1) one or more high-risk factors (see reproductive history) are present; 2) there is a history of complications during pregnancy or birth; 3) the woman is older (per local norms) or has had many pregnancies (number determined by local norms). Referral is also indicated for obstetric and medical problem(s) and emergencies, ectopic pregnancy, infection or bleeding from abortion, and other prenatal problems and emergencies, especially haemorrhage, sepsis and eclampsia. Guidelines for referral should follow local norms.



52. YES _____ NO _____ Explain the importance of having delivery attended by a trained health worker?
53. YES _____ NO _____ Explain the dangers of abortions performed by unqualified individuals?
54. YES _____ NO _____ Explain danger signs which require immediate attention?¹
55. YES _____ NO _____ Tell pregnant woman to have family seek assistance or transport her to clinic/hospital if danger signs of obstetric emergencies or complications of labour occur?
56. YES _____ NO _____ Tell pregnant woman where and when to go for next prenatal visit?
57. YES _____ NO _____ Verify that pregnant woman understood key messages?
58. YES _____ NO _____ Ask if she has any questions?

Supplies

Ask the service provider about the following supplies:

59. YES _____ NO _____ Do you have a working scale (to weigh the pregnant woman)?
60. YES _____ NO _____ Do you have a measuring tape?
61. YES _____ NO _____ Do you have a stethoscope and blood pressure cuff?
62. YES _____ NO _____ Do you have a watch with a second hand to take pulse?
63. YES _____ NO _____ Do you have tetanus toxoid vaccine?
64. YES _____ NO _____ Do you have iron tablets (per local policy)?
65. YES _____ NO _____ Do you have drugs for malaria prophylaxis (per local policy)?
66. YES _____ NO _____ Do you have forms or health cards to record the antenatal visit?

Interview with pregnant woman

Mark "yes" if the respondent answers correctly:

67. YES _____ NO _____ Do you plan to have a trained health worker attend your birth?
68. YES _____ NO _____ What are the danger signs during pregnancy that require medical attention?¹
69. YES _____ NO _____ When and where is your next prenatal visit?

If pregnant woman is at high-risk for any reason:

70. YES _____ NO _____ Do you plan to seek further medical attention?
71. YES _____ NO _____ Do you plan to have your baby at a hospital?

Interview with service provider

Mark "yes" if the respondent answers correctly:

72. YES _____ NO _____ What are the danger signs during pregnancy that require medical attention?¹
73. YES _____ NO _____ Do you refer high-risk pregnancies?
74. YES _____ NO _____ Do you have a way of tracking high-risk pregnancies?
75. YES _____ NO _____ Do you follow up pregnant women who do not return to prenatal sessions?

¹ Danger signs include swelling of hands and face, severe or prolonged dizziness, bleeding from vagina, sharp or constant abdominal pain, fever, vaginal odour or discharge.



PHC service quality checklist

4: Safe delivery

This checklist is intended for use in supervision and monitoring of service quality as provided by clinic-based health workers, community-based health workers and traditional birth attendants. Although it is difficult to schedule observation of birth(s), performance assessment can be carried out through interviews after delivery or role play. This list includes some clinical tasks that traditional birth attendants and other peripheral workers do not routinely carry out. The checklist should be modified and simplified according to the local situation. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Prepare for delivery

Did the service provider:

5. YES _____ NO _____ Sterilise needles, syringes, cord ties, scissors/razor blade, and gloves?
6. YES _____ NO _____ Prepare a clean birthing place?
7. YES _____ NO _____ Assess potential complications and emergencies?

Take labour history

Did the service provider:

8. YES _____ NO _____ Ask when labour pains began?
9. YES _____ NO _____ Ask about frequency of contractions?
10. YES _____ NO _____ Ask if and when bag of water broke?
11. YES _____ NO _____ Ask about vaginal bleeding?
12. YES _____ NO _____ Ask about dark black/green discharge (meconium)?
13. YES _____ NO _____ Ask when woman in labour last ate?
14. YES _____ NO _____ Ask when woman in labour last passed stool?
15. YES _____ NO _____ Ask when woman in labour last urinated and about problems urinating?
16. YES _____ NO _____ Ask about any medication or treatment taken?
17. YES _____ NO _____ Ask about risk factors if no information is available from pre-natal records?¹

Conduct physical examination and monitor woman throughout labour

Did the service provider:

¹ High-risk factors include: 1) there is a history of complications during pregnancy or birth; 2) the woman is over _____ years or has had more than _____ pregnancies; or 3) the following conditions are present: spotting/bleeding during current or past pregnancies; burning on urination; foul smelling vaginal discharge during pregnancy; diabetes; cardiovascular problems; renal problems, circumcision; or previous injuries, especially to pelvis. Guidelines for defining high-risk and appropriate action should follow local norms.



18. YES _____ NO _____ Regularly take pulse?
19. YES _____ NO _____ Regularly take blood pressure?
20. YES _____ NO _____ Determine strength and length of contractions?
21. YES _____ NO _____ Determine position of foetus?
22. YES _____ NO _____ Palpate cervix to determine thickness, firmness, and openness?
23. YES _____ NO _____ Determine whether bag of water has broken?
24. YES _____ NO _____ Determine how far into the pelvis the presenting part has come (station)?
25. YES _____ NO _____ Determine the presenting part and its position?
26. YES _____ NO _____ Feel for prolapsed cord, placenta previa?
27. YES _____ NO _____ Regularly measure duration and frequency of contractions?
28. YES _____ NO _____ Regularly check foetal heart beat?
29. YES _____ NO _____ Regularly palpate abdomen to determine any changes in foetal position?
30. YES _____ NO _____ Observe perineum for crowning, opening of the vulva and/or rectum to indicate beginning of second stage of labour?
31. YES _____ NO _____ Regularly monitor blood loss?

Diagnose obstetric complications and emergencies

Did the service provider:

32. YES _____ NO _____ Diagnose dystocia if present?
33. YES _____ NO _____ Diagnose haemorrhage and shock if present?
34. YES _____ NO _____ Diagnose eclampsia if present?
35. YES _____ NO _____ Diagnose infection if present?
36. YES _____ NO _____ Diagnose cause of any maternal distress if present?
37. YES _____ NO _____ Diagnose cause of foetal distress if present?
38. YES _____ NO _____ Diagnose abnormal presentation of foetus if present?

Assist progress of labour

Did the service provider:

39. YES _____ NO _____ Tell woman not to bear down until fully dilated and effaced?
40. YES _____ NO _____ Encourage woman to urinate frequently?
41. YES _____ NO _____ Reposition woman in labour or increase her activities (e.g., walking) to help labour progress?
42. YES _____ NO _____ Administer low enema if bowel is full of stool and woman in labour cannot pass it (per local policy)?
43. YES _____ NO _____ Administer anaesthetic or analgesic (per local policy)?

Assist with normal delivery

Did the service provider:

44. YES _____ NO _____ Wash hands and mother's perineum?
45. YES _____ NO _____ Deliver head?
46. YES _____ NO _____ Support perineum to prevent tearing when foetal head is crowning?
47. YES _____ NO _____ Support foetus' head as it passes over perineum?
48. YES _____ NO _____ Feel if umbilical cord is around foetus' neck and slip it over head?
49. YES _____ NO _____ Suck mucus and/or meconium from infant's nose and mouth?
50. YES _____ NO _____ Deliver shoulders and body?



Seek help for obstetric problems and emergencies

Did the service provider:

51. YES _____ NO _____ For shock and haemorrhage place mother in trendelenberg position and treat (per local policy)?
52. YES _____ NO _____ Treat infection with antibiotics?
53. YES _____ NO _____ For eclamptic convulsions treat with anticonvulsants, protect physical safety of mother during convulsions, and immediately deliver infant?
54. YES _____ NO _____ Attempt manual manipulation of foetal head in cases of incomplete internal rotation?
55. YES _____ NO _____ Use appropriate technique to deliver foetus in abnormal position, such as footling, buttocks, face, brow, arm, shoulder presentations?
56. YES _____ NO _____ Provide other emergency care as indicated?
57. YES _____ NO _____ Refer obstetric problems and emergencies?
58. YES _____ NO _____ Perform episiotomy if indicated (per local policy)?
59. YES _____ NO _____ Assist with forceps, vacuum extraction, or symphysiotomy (if indicated and according to local policy)?

Provide immediate care for newborn

Did the service provider:

60. YES _____ NO _____ Establish respiration/loud cry?
61. YES _____ NO _____ Tie umbilical cord in three places with sterile ties?
62. YES _____ NO _____ Cut umbilical cord with sterile scissors or razor blade, leave two ties on infant's side?
63. YES _____ NO _____ Wrap in clean cloth and cover head to maintain warmth?
64. YES _____ NO _____ Determine APGAR score at 1 minute and 5 minutes after birth?
65. YES _____ NO _____ Give the infant to the mother to suckle?
66. YES _____ NO _____ Insert antibiotic eye ointment or silver nitrate drops into eyes within one hour after birth?
67. YES _____ NO _____ Immunize?
68. YES _____ NO _____ Administer Vitamin K?
69. YES _____ NO _____ Provide emergency care, as indicated?

Deliver placenta

Did the service provider:

70. YES _____ NO _____ Deliver placenta and examine for completeness?
71. YES _____ NO _____ Manually remove retained (partial or complete) placenta?
72. YES _____ NO _____ Establish breast feeding?

Monitor mother immediately after delivery

Did the service provider:

73. YES _____ NO _____ Regularly monitor blood pressure and pulse?
74. YES _____ NO _____ Massage uterus within 15 minutes after delivery and regularly thereafter?
75. YES _____ NO _____ Monitor blood loss?
76. YES _____ NO _____ Administer ergonovine 1 mg if mother is bleeding heavily (per local policy)?

Examine infant

Did the service provider:

77. YES _____ NO _____ Assess general appearance, alertness, tone?



78. YES _____ NO _____ Weight?
79. YES _____ NO _____ Measure respiratory rate?
80. YES _____ NO _____ Measure heart rate?
81. YES _____ NO _____ Take temperature?
82. YES _____ NO _____ Examine head and feet for fontanelles and sutures?
83. YES _____ NO _____ Examine eyes for redness, discharge, jaundice, pallor?
84. YES _____ NO _____ Listen to chest to assess respiration and heartbeat?
85. YES _____ NO _____ Palpate abdomen and liver?
86. YES _____ NO _____ Examine genitals for normality, hernias?
87. YES _____ NO _____ Examine for muscle tone and Moro reflex?
88. YES _____ NO _____ Examine extremities and skeletal system for symmetry, movement, and broken or dislocated bones?
89. YES _____ NO _____ Inspect skin for sores, breaks?
90. YES _____ NO _____ Examine for birth defects?
91. YES _____ NO _____ Refer infants with medical emergencies and birth defects?
92. YES _____ NO _____ Record labour and delivery information on labour charts?
93. YES _____ NO _____ Watch for and record first urination and bowel movement?
94. YES _____ NO _____ Give BCG and OPV (per local policy)?

Education after delivery

Aftercare:

Did the service provider:

95. YES _____ NO _____ Tell mother to keep her genital area clean and demonstrate how to wash her genitals?
96. YES _____ NO _____ Tell mother to return to clinic if gross bleeding occurs, or if lochia remains red or has foul smell, or if she develops fever or other unexpected symptoms?
97. YES _____ NO _____ Tell mother to refrain from intercourse for 4-6 weeks?
98. YES _____ NO _____ Tell mother to keep area around cord clean and dry?
99. YES _____ NO _____ Tell mother not to put anything (soil/salve) on the cord and not to remove the ties?
100. YES _____ NO _____ Demonstrate how to bathe and clean infant, especially around umbilical cord?
101. YES _____ NO _____ Tell mother to bring infant to clinic if any redness or discharge from cord occurs?

Breast feeding:

Did the service provider:

102. YES _____ NO _____ Instruct mothers in the health benefits of breast feeding?
103. YES _____ NO _____ Tell mother to feed colostrum?
104. YES _____ NO _____ Tell mother that normal milk flow will begin after 2-3 days?
105. YES _____ NO _____ Tell mother to breast feed infant frequently during the first few days?
106. YES _____ NO _____ Tell mother to use both breasts, feeding from one until it is empty, then from the other?
107. YES _____ NO _____ Tell mother to start feeding with the breast that is not the breast she started feeding from last time?
108. YES _____ NO _____ Tell mother to continue breast feeding when she or infant is ill?
109. YES _____ NO _____ Tell mother to keep nipples clean and dry to prevent cracking?



110. YES _____ NO _____ Demonstrate how to express breast milk to relieve congestion and prevent engorgement?
111. YES _____ NO _____ Demonstrate how to position infant's mouth around areola for breast feeding?
112. YES _____ NO _____ Tell mother to return if the infant has problems nursing?

Well-child care:

Did the service provider:

113. YES _____ NO _____ Tell mother about child immunization?
114. YES _____ NO _____ Tell mother when to return for first postpartum visit and for infant's first well-child visit?
115. YES _____ NO _____ Verify that the mother understands warning signs for her and/or her infant to return to clinic?
116. YES _____ NO _____ Verify that mother knows when to return for first postpartum visit and for infant's first well-child visit?
117. YES _____ NO _____ Ask mother if she has any questions?

Supplies

118. YES _____ NO _____ Do you have cord ties?
119. YES _____ NO _____ Do you have a razor or a pair of scissors?
120. YES _____ NO _____ Do you have gloves?
121. YES _____ NO _____ Do you have a watch with a second hand to take pulse?
122. YES _____ NO _____ Do you have a stethoscope?
123. YES _____ NO _____ Do you have a blood pressure cuff?
124. YES _____ NO _____ Do you have antibiotics?
125. YES _____ NO _____ Do you have anticonvulsants?
126. YES _____ NO _____ Do you have needles?
127. YES _____ NO _____ Do you have syringes?



PHC service quality checklist

5: Postnatal care

This checklist is intended for use in supervision and monitoring of postnatal care provided by clinic-based health workers, community-based health workers, and traditional birth attendants. This list is comprehensive and includes some clinical tasks that traditional birth attendants and other peripheral workers do not routinely carry out. The list should be modified and simplified according to the local situation. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask mother when and where she delivered?
6. YES _____ NO _____ Ask mother the outcome of the delivery?
7. YES _____ NO _____ Ask about problems during delivery?
8. YES _____ NO _____ Ask mother about vaginal bleeding?
9. YES _____ NO _____ Ask mother about foul smelling vaginal discharge?
10. YES _____ NO _____ Ask mother if she feels pain or tenderness in the abdomen or breasts?
11. YES _____ NO _____ Ask mother if she's had a fever?
12. YES _____ NO _____ Ask mother if she is taking any medications, including contraceptives?
13. YES _____ NO _____ Ask mother what she is eating?
14. YES _____ NO _____ Ask mother about the infant's eating habits?

Physical examination

Mother:

Did the service provider:

15. YES _____ NO _____ Examine the abdomen for swelling, condition of caesarean incision, and to determine the size and firmness of the uterus?
16. YES _____ NO _____ Examine the genitals for swelling, discharge, bleeding, tears, fistula, and episiotomy repair?
17. YES _____ NO _____ Examine the breasts for cracked nipples, engorgement, abscess?
18. YES _____ NO _____ Take pulse?
19. YES _____ NO _____ Take blood pressure?
20. YES _____ NO _____ Weigh the mother?
21. YES _____ NO _____ Examine eyes for signs of anaemia?



Child (first postnatal visit):

Did the service provider:

22. YES ☐ NO ☐ Assess vital signs?
23. YES ☐ NO ☐ Measure height and head circumference?
24. YES ☐ NO ☐ Weigh child?
25. YES ☐ NO ☐ Monitor child's growth with growth chart?
26. YES ☐ NO ☐ Examine head and fontanelle?
27. YES ☐ NO ☐ Assess eyes (for opacities, jaundice, infection)?
28. YES ☐ NO ☐ Assess respiration (rate, retraction)?
29. YES ☐ NO ☐ Assess heart (rate, murmur)?
30. YES ☐ NO ☐ Examine skin (pallor, jaundice, petechiae, infection)?
31. YES ☐ NO ☐ Examine extremities and skeletal system for symmetry, movement, and broken bones?
32. YES ☐ NO ☐ Examine umbilicus?
33. YES ☐ NO ☐ Assess general alertness?
34. YES ☐ NO ☐ Assess suction reflex?
35. YES ☐ NO ☐ Assess Moro reflex?
36. YES ☐ NO ☐ Assess response to brightness?
37. YES ☐ NO ☐ Assess response to sound?

Documentation:

Did the service provider:

38. YES ☐ NO ☐ Record findings of history and physical examination on health record?

Treatment, routine preventive services, and referral*Mother:*

Did the service provider:

39. YES ☐ NO ☐ Provide iron and/or folic acid tablets (per local policy)?
40. YES ☐ NO ☐ Provide nutrition supplements (per local policy)?
41. YES ☐ NO ☐ Provide malaria chemoprophylaxis (per local policy)?
42. YES ☐ NO ☐ Give other therapeutic medications to treat medical conditions as appropriate?
43. YES ☐ NO ☐ Refer maternal postpartum cases requiring special treatment?

Child:

Did the service provider:

44. YES ☐ NO ☐ Give BCG vaccination or verify that child received vaccination at birth?
45. YES ☐ NO ☐ Give first DPT and OPV (per local policy)?
46. YES ☐ NO ☐ If the child is malnourished, refer for nutritional counselling?
47. YES ☐ NO ☐ Refer the child for all physical conditions which need medical attention?

Education*Breast feeding:*

Did the service provider:

48. YES ☐ NO ☐ Tell mother to feed infant with breast milk only, for the first 4-6 months?
49. YES ☐ NO ☐ Tell mother to eat extra food while she is breast feeding?
50. YES ☐ NO ☐ Recommend locally available protein-rich foods?
51. YES ☐ NO ☐ Tell mother to breast feed even if she and/or infant is ill?



Child-spacing:

Did the service provider:

52. YES _____ NO _____ Tell mother to refrain from intercourse for 4-6 weeks after delivery?
53. YES _____ NO _____ Explain that breast feeding will not prevent her from getting pregnant even if her periods have not begun?
54. YES _____ NO _____ Discuss family planning with the mother and tell her how she can obtain child spacing services?

Well-child care:

Did the service provider:

55. YES _____ NO _____ Tell mother about enrolling infant in well-child clinic?
56. YES _____ NO _____ Tell mother when and where to enrol child in clinic?
57. YES _____ NO _____ Tell mother when and where to take infant for first or further immunizations?
58. YES _____ NO _____ Verify that mother understands key messages?

General:

Did the service provider:

59. YES _____ NO _____ Provide counselling for specific medical problem(s)?
60. YES _____ NO _____ Tell mother when to return for next postpartum visit, if indicated?
61. YES _____ NO _____ Verify that mother understood key messages?

Supplies

Ask the service provider about the following supplies:

62. YES _____ NO _____ Do you have a working scale to weigh the mother?
63. YES _____ NO _____ Do you have a working scale to weigh the child?
64. YES _____ NO _____ Do you have a watch or time piece with second hand to measure pulse?
65. YES _____ NO _____ Do you have a stethoscope and blood pressure cuff?
66. YES _____ NO _____ Do you have BCG, OPV, and DPT vaccines?
67. YES _____ NO _____ Do you have iron tablets (per local policy)?

Interview with mother

Mark "yes" if the respondent answers correctly:

68. YES _____ NO _____ When should your baby receive his or her next vaccination?
69. YES _____ NO _____ For how long will you breast feed?
70. YES _____ NO _____ What will you do to space your births?
71. YES _____ NO _____ Is your child growing normally?

Interview with service provider

Mark "yes" if the respondent answers correctly:

72. YES _____ NO _____ Do you maintain records that identify recent mothers and infants for postnatal care?
73. YES _____ NO _____ Do you educate mothers about postpartum care during prenatal care and delivery?
74. YES _____ NO _____ Do you discuss family planning during the postpartum visit?



PHC service quality checklist

6: Family planning services

This checklist is intended for use in the observation of **delivery of family planning services**. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation, if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical and reproductive history (new clients)

Did the service provider:

5. YES _____ NO _____ Ask the client how old she is?
6. YES _____ NO _____ Ask about number, spacing, and outcome of pregnancies?
7. YES _____ NO _____ Ask about previous use of family planning methods?
8. YES _____ NO _____ Ask about reasons for stopping or switching previous methods?
9. YES _____ NO _____ Ask about heart disease?
10. YES _____ NO _____ Ask about liver disease?
11. YES _____ NO _____ Ask about high blood pressure?
12. YES _____ NO _____ Ask about history of pelvic inflammatory disease?
13. YES _____ NO _____ Ask about history of suspected or confirmed venereal disease?
14. YES _____ NO _____ Ask about history of blood clots or thromboembolism?
15. YES _____ NO _____ Ask if she is breast feeding?
16. YES _____ NO _____ Ask about date of last menstrual period?

Physical examination

Did the service provider:

17. YES _____ NO _____ Take blood pressure?
18. YES _____ NO _____ Examine breast for lumps?
19. YES _____ NO _____ Examine patient for signs of anaemia?

Determine method

Did the service provider:

20. YES _____ NO _____ Ask if and when the client and her spouse would like to have children?
21. YES _____ NO _____ Describe contraceptive options to the client?
22. YES _____ NO _____ Ask about the client's preference?
23. YES _____ NO _____ Offer to discuss child spacing and methods with spouse or family?
24. YES _____ NO _____ Recommend a method that was free of contra-indications for this client?



25. YES _____ NO _____ Verify that the client is comfortable with the recommended method?
26. YES _____ NO _____ If necessary, refer the client to a doctor or midwife?

For follow-up cases

Did the service provider:

27. YES _____ NO _____ Verify correct usage?
28. YES _____ NO _____ Ask about side effects?
29. YES _____ NO _____ Give advice about managing side effects?

Counselling (for all)

Did the service provider:

30. YES _____ NO _____ Explain the correct usage of the selected method?
31. YES _____ NO _____ Explain possible minor side effects of the selected method?
32. YES _____ NO _____ Explain how to manage side effects at home?
33. YES _____ NO _____ Explain major side effects which require medical attention?
34. YES _____ NO _____ Explain where and when to go for resupplies?
35. YES _____ NO _____ Explain where and when to go for routine follow-up?
36. YES _____ NO _____ Explain how to discontinue the method when pregnancy is desired?
37. YES _____ NO _____ Verify that the client understands key messages?
38. YES _____ NO _____ Ask the client if she has any questions?

Supplies

Ask the service provider about the following supplies:

39. YES _____ NO _____ Do you have a blood pressure cuff and stethoscope?
40. YES _____ NO _____ Do you have a supply of oral contraceptives?
41. YES _____ NO _____ Do you have a supply of IUDs?
42. YES _____ NO _____ Do you have a supply of injectable contraceptives?
43. YES _____ NO _____ Do you have a supply of implants?

Exit interview with client

Mark "yes" if the respondent answers correctly:

44. YES _____ NO _____ How do you use the contraceptive you received today?
45. YES _____ NO _____ What are the possible side effects?
46. YES _____ NO _____ Where can you get more supplies?
47. YES _____ NO _____ When will you come back for a checkup?

Service provider interview

Mark "yes" if the respondent answers correctly:

48. YES _____ NO _____ Under what conditions should you refrain from prescribing oral contraceptives?
49. YES _____ NO _____ Under what conditions should you refrain from prescribing the IUD?
50. YES _____ NO _____ Under what conditions should you refrain from prescribing injectable?
51. YES _____ NO _____ Under what conditions should you refrain from prescribing implants?



PHC service quality checklist

7: Breast feeding^{1 2 3 4 5 6 7}

This checklist is intended for use in the observation of service delivery for promotion of breast feeding.. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation, if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about the mother's knowledge, attitudes and beliefs about breast feeding?
6. YES _____ NO _____ Ask about previous use of breast feeding with each child born in the last five years?
7. YES _____ NO _____ Ask about duration of previous breast feeding and reasons for stopping?
8. YES _____ NO _____ Ask about use of medications and alcohol?
9. YES _____ NO _____ Ask about any current illnesses that might affect breast feeding?
10. YES _____ NO _____ Ask about socio-economic status and dietary habits and intake?

Breast feeding education and counselling

Skills Training:

Did the service provider:

11. YES _____ NO _____ Instruct mothers on the health benefits to mother and child of breast feeding?
12. YES _____ NO _____ Instruct mothers on the financial benefits of breast feeding?
13. YES _____ NO _____ Tell mother to feed colostrum (begin breast feeding as soon as possible)?
14. YES _____ NO _____ Tell mother that normal milk flow will begin after 2-3 days?
15. YES _____ NO _____ Tell mother to breast feed infant frequently during the first few days?

1 PHC Management Advancement Programme, Module 5, User's guide

2 PRICOR Thesaurus, vol. II, p. 232, 253

3 WHO, *Indicators for assessing breast feeding practices*, p. 4

4 *Mothercare : Interventions to improve maternal and neonatal nutrition*, Working Paper # 4, November 1990 (John Snow, Inc)

5 USAID, *Maternal and child health in Bolivia: Report on the in-depth DHS Survey in Bolivia 1989*, p. 49

6 USAID, *Media promotion of breast feeding: A decade's experience*, Nutrition Communication Project, p. 45

7 *Breast feeding for child survival strategy*, USAID, May 1990 p. 29-30, 38



16. YES_____NO_____ Explain the importance of feeding breast milk only, for the first 4-6 months?
17. YES_____NO_____ Tell mother to use both breasts, feeding from one until it is empty, then from the other?
18. YES_____NO_____ Tell mother to start feeding with the breast that is not the breast she started feeding from the last time?
19. YES_____NO_____ Tell mother to continue breast feeding when she or infant is ill (diarrhoea, infection)?
20. YES_____NO_____ Tell mother to keep nipples clean and dry to prevent cracking?
21. YES_____NO_____ Tell mother to avoid using soap on nipples and to air breasts?
22. YES_____NO_____ Demonstrate how to express breast milk to relieve congestion and prevent engorgement?
23. YES_____NO_____ Demonstrate how to position infant's mouth around areola for breast feeding?
24. YES_____NO_____ Tell mother to return if the infant has problems nursing?
25. YES_____NO_____ Counsel on family planning methods with least effect on quantity and quality of breast milk (spermicides, barrier methods, progesterone only pills or injections, IUDs or abstinence)?
26. YES_____NO_____ Teach ways to increase contraceptive benefits of breast feeding (e.g., exclusive and frequent demand feeding for the first six months)?
27. YES_____NO_____ Use appropriate health education techniques and materials?
28. YES_____NO_____ Encourage breast feeding among HIV positive women, if appropriate?
29. YES_____NO_____ Explain that frequent bowel movements in the new-born indicate good milk intake and infrequent stools in the first few weeks could be a warning sign?
30. YES_____NO_____ Ask the mother to repeat key messages?
31. YES_____NO_____ Ask the mother if she has any questions?

Nutritional messages:

Did the service provider:

32. YES_____NO_____ Tell mother to increase her total food and liquid intake or to balance her food intake and activities during lactation?
33. YES_____NO_____ Explain to mother the administration schedule for nutrition supplements, iron and/or folic acid tablets prescribed or distributed for home administration?
34. YES_____NO_____ Warn mothers of dangers of alcohol and drugs?
35. YES_____NO_____ Tell mother about specific, nutritious, appropriate local foods (protein rich)?
36. YES_____NO_____ Discourage dietary taboos that restrict important foods/food groups for lactating women?
37. YES_____NO_____ Encourage those cultural practices that promote consumption of important foods for lactating women?
38. YES_____NO_____ Discuss other feeding options with the mother?



Weaning:

Did the service provider:

39. YES _____ NO _____ Explain the importance of introducing complementary foods during a two-month transitional period (i.e., months five and six)?
40. YES _____ NO _____ Explain that children should be breastfed (not exclusively) for at least one year and preferably for up to 2 years of age or beyond.
41. YES _____ NO _____ Demonstrate preparation of weaning foods?

Exit interview with mother

Mark "yes" if the respondent answers correctly.

42. YES _____ NO _____ For how long will you breast feed?
43. YES _____ NO _____ Do you know the proper position to breast feed your child?
44. YES _____ NO _____ Do you know how to care for your breasts?
45. YES _____ NO _____ Do you know what/how much you should be eating during the lactation period?

Interview with service provider

Mark "yes" if the respondent answers correctly.

46. YES _____ NO _____ Explain the length of time that mothers should breast feed?
47. YES _____ NO _____ Explain the health and economic benefits of breast feeding?



PHC service quality checklist

8: Growth monitoring/nutrition education

This checklist is intended for use in the observation of service delivery for growth monitoring and nutrition education. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Age calculation

Did the service provider:

5. YES _____ NO _____ Base calculation on a reliable date of birth?¹
6. YES _____ NO _____ Correctly calculate age?²
7. YES _____ NO _____ Correctly record age?

Weighing

Did the service provider:

8. YES _____ NO _____ Set scale to 0?
9. YES _____ NO _____ Remove child's clothing?
10. YES _____ NO _____ Place child correctly on scale?
11. YES _____ NO _____ Correctly read scale?³
12. YES _____ NO _____ Correctly record weight?

Locating the child's growth on chart

Did the service provider:

13. YES _____ NO _____ Plot or locate the child's weight at correct age?
14. YES _____ NO _____ Plot or locate the child's weight at correct weight?
15. YES _____ NO _____ Connect to previous growth point?

Referral and follow-up

16. YES _____ NO _____ Refer sick/malnourished child for medical attention?
17. YES _____ NO _____ Refer malnourished child for nutritional rehabilitation?

Growth monitoring and nutrition education

Did the service provider do the following for all children weighed:

18. YES _____ NO _____ Tell mother whether child has gained, lost, stayed the same since last weighing?

1 Reliable sources for date of birth: growth chart, health record, or birth certificate. Rely on mother's memory only when these are not available.

2 The accuracy of age calculation should be determined by comparing the health worker's reading with the supervisor's reading.

3 The accuracy of weight reading should be determined by comparing the health worker's reading with the supervisor's reading.



19. YES _____ NO _____ Tell mother the nutritional status of the child?
 20. YES _____ NO _____ Use growth card to explain to mother how her child is growing?

Did the service provider do the following for malnourished children and for children who have not gained weight since the last session:

21. YES _____ NO _____ Ask if the child has had any health problems since last weighing?
 22. YES _____ NO _____ Make recommendations regarding child feeding and care?
 23. YES _____ NO _____ Explain importance of good breast feeding and weaning practices?
 24. YES _____ NO _____ Explain which locally available foods constitute a balanced diet for children?
 25. YES _____ NO _____ Explain how to feed children during illness?
 26. YES _____ NO _____ Tell mother when to take child for next weighing?
 27. YES _____ NO _____ Verify that mother understands key messages?
 28. YES _____ NO _____ Ask mother if she has any questions?

For outreach education sessions:

Did the service provider:

29. YES _____ NO _____ Explain the importance of gaining weight for health?
 30. YES _____ NO _____ Explain the purpose of growth monitoring?
 31. YES _____ NO _____ Explain when and where to go for growth monitoring services?
 32. YES _____ NO _____ Use appropriate health education techniques and materials?
 33. YES _____ NO _____ Demonstrate preparation of weaning foods?
 34. YES _____ NO _____ Verify that attendees understand key messages?
 35. YES _____ NO _____ Use visual aids in transmitting key messages?

Supplies

Ask the service provider about the following supplies:

36. YES _____ NO _____ Working scale
 37. YES _____ NO _____ Growth charts

Exit interview with mother

Mark "yes" if the respondent answers correctly:

38. YES _____ NO _____ How much does your child weigh?
 39. YES _____ NO _____ Did your child gain weight, lose, or stay the same since the last weighing?
 40. YES _____ NO _____ When will you return for growth monitoring?

If the child is malnourished:

41. YES _____ NO _____ Where will you take your child for nutritional rehabilitation?
 42. YES _____ NO _____ What will you do to improve your child's condition?

Interview with service provider

43. YES _____ NO _____ Do you have a way of tracking malnourished children?
 44. YES _____ NO _____ Do you refer malnourished children for nutritional rehabilitation or medical care?
 45. YES _____ NO _____ Do you follow up malnourished children who do not come back for growth monitoring?



PHC service quality checklist

9: Immunization

This checklist is intended for use in the observation of service delivery for immunization. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Identification of needed vaccinations

Did the service provider:

5. YES _____ NO _____ Review health records to determine which immunizations are needed today?
6. YES _____ NO _____ Review mother's health record or ask mother whether she has received tetanus toxoid immunization?
7. YES _____ NO _____ Review vaccination status of other children in the family?
8. YES _____ NO _____ Recommend vaccination even if the child is sick?

Preparation and care of vaccine

Did the service provider:

9. YES _____ NO _____ Check the label for the correct vaccine and to be sure the vaccine has not expired?
10. YES _____ NO _____ Load the syringe without contamination?
11. YES _____ NO _____ Keep the vaccine on ice and covered during the session?

Vaccination technique

Did the service provider:

12. YES _____ NO _____ Prepare the area of injection?
13. YES _____ NO _____ Use a sterile **needle** for each injection?
14. YES _____ NO _____ Use a sterile **syringe** for each injection?
15. YES _____ NO _____ Apply the vaccine at the right level? (BCG = dermal layer, measles = subcutaneous layer, DPT/TT = muscle)
16. YES _____ NO _____ Properly dispose of the **needle** and syringe?
17. YES _____ NO _____ Was the child given all vaccinations needed today?
18. YES _____ NO _____ If the mother required TT, did the service provider vaccinate her or arrange for vaccination?

Documentation

Did the service provider:

19. YES _____ NO _____ Record the vaccination on the child's health card?
20. YES _____ NO _____ Record the vaccination in the appropriate health centre record(s)?



EPI education

Did the service provider:

21. YES _____ NO _____ Tell the mother which vaccinations were given during this visit?
22. YES _____ NO _____ Inform the mother that side effects, such as fever and pain, are possible?
23. YES _____ NO _____ For BCG vaccination, explain that a scab will form?
24. YES _____ NO _____ Tell mother where to go if she or the child should have a severe reaction to the vaccination?
25. YES _____ NO _____ Explain the importance of completing the vaccination series?
26. YES _____ NO _____ If DPT #3 has been administered, stress the importance of returning for measles vaccination?
27. YES _____ NO _____ Explain that the child can be immunized even if she/he is ill?
28. YES _____ NO _____ Tell when to come back for the next immunization for mother or child?
29. YES _____ NO _____ Ask mother to encourage other women and their children to be vaccinated?
30. YES _____ NO _____ Verify that mother understands key messages?
31. YES _____ NO _____ Ask mother if she has any questions?

Maintenance of cold chain and supplies

Observe the facility or ask health worker to determine the following:

32. YES _____ NO _____ Is the refrigerator working today?
33. YES _____ NO _____ Is there a thermometer or cold chain monitor in the refrigerator?
34. YES _____ NO _____ Is there a temperature log?
35. YES _____ NO _____ Is temperature recorded regularly according to the local schedule?
36. YES _____ NO _____ Was the registered temperature between 0 and 8 degrees (C) at all times during the last month?
37. YES _____ NO _____ Are all vials in storage unopened?
38. YES _____ NO _____ Were vaccines sufficient during the last month?
39. YES _____ NO _____ Were needles and syringes sufficient during the last month?
40. YES _____ NO _____ Were vaccination cards sufficient during the last month?
41. YES _____ NO _____ For outreach sessions, were vaccines transported in cold boxes with ice packs?

Exit interview with mother or caretaker

Mark "yes" if the respondent answers correctly:

42. YES _____ NO _____ What immunization(s) did you or your child receive today?
43. YES _____ NO _____ When should you return to the health centre for your next immunization?

Interview with service provider

Mark "yes" if the service provider answers correctly:

44. YES _____ NO _____ At what age should a child receive BCG vaccine?
45. YES _____ NO _____ At what age should a child receive DPT vaccine?
46. YES _____ NO _____ At what age should a child receive measles vaccine?
47. YES _____ NO _____ At what age should a child receive OPV vaccine?
48. YES _____ NO _____ Should you vaccinate a child if she/he is ill?



PHC service quality checklist

10: Acute respiratory infection

This checklist is intended for use in the observation of service delivery for acute respiratory infection. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about presence/level of fever?
6. YES _____ NO _____ Ask about duration of cough?
7. YES _____ NO _____ Ask about activity level?
8. YES _____ NO _____ Ask about ability to drink?
9. YES _____ NO _____ Ask about presence of sore throat?
10. YES _____ NO _____ Ask about presence of earache?
11. YES _____ NO _____ Ask about any past history of respiratory problems (e.g. asthma)?
12. YES _____ NO _____ Ask about family history of TB or other respiratory illness?
13. YES _____ NO _____ Ask about any treatment administered?

Physical examination

Did the service provider:

14. YES _____ NO _____ Assess general status (alertness, muscle tone)?
15. YES _____ NO _____ Count respiratory rate?
16. YES _____ NO _____ Take temperature?
17. YES _____ NO _____ Observe breathing for chest indrawing?
18. YES _____ NO _____ Listen for stridor, wheeze, and/or hoarseness?
19. YES _____ NO _____ Auscultate chest?
20. YES _____ NO _____ Examine throat for discharge, enlarged tonsils, or inflamed pharynx?
21. YES _____ NO _____ Examine neck for tender glands?
22. YES _____ NO _____ Examine ears?
23. YES _____ NO _____ Observe colour of lips, ears, face, and nail beds?

Classification, treatment and referral

Did the service provider:

24. YES _____ NO _____ Classify child by severity of illness (cold, pneumonia, severe pneumonia)?



25. YES _____ NO _____ Administer/prescribe antibiotics for pneumonia, strep throat, or otitis (per local policy)?
26. YES _____ NO _____ Refrain from using antibiotics for colds?
27. YES _____ NO _____ Administer or prescribe drug for fever (per local policy)?
28. YES _____ NO _____ Administer or prescribe cough mixture (per local policy)?
29. YES _____ NO _____ Refer children with severe pneumonia or cough lasting more than 30 days?

ARI education

Did the service provider:

30. YES _____ NO _____ Explain how to administer antibiotics?
31. YES _____ NO _____ Explain the importance of completing entire treatment course?
32. YES _____ NO _____ Explain how to administer cough mixture (how much, how often, how long)?
33. YES _____ NO _____ Explain how to drain child's nose (especially if mother is breast feeding)?
34. YES _____ NO _____ Tell mother to give extra fluids, continue feeding/breast feeding during illness?
35. YES _____ NO _____ Tell mother to maintain a neutral temperature for the child?
36. YES _____ NO _____ Tell mother about at least three of the signs/symptoms of moderate/severe ARI?¹
37. YES _____ NO _____ Tell mother to return for further consultation if the child's condition worsens or does not improve?
38. YES _____ NO _____ Verify that mother understands key messages?
39. YES _____ NO _____ Ask mother if she has any questions?

Essential supplies for ARI treatment

Ask the service provider about the following supplies:

40. YES _____ NO _____ Do you have a watch with a second hand or other timepiece to assess respiratory rate?
41. YES _____ NO _____ Were antibiotic supplies adequate during the last month?
42. YES _____ NO _____ Do you have a thermometer to measure the patient's temperature?

Interview with mother

Mark "yes" if the respondent answers correctly:

43. YES _____ NO _____ How will you treat your child at home?²
44. YES _____ NO _____ What danger signs indicate that you should bring child to the health centre?¹
45. YES _____ NO _____ If antibiotics were prescribed: How will you administer the medicine?
46. YES _____ NO _____ If antibiotics were prescribed: When will you stop giving the medicine to your child?

1 Danger signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, and weakness or lethargy.

2 Supportive home treatment includes extra fluids, continued feeding, maintaining a neutral temperature, clearing the nose, and using cough medicine or antihistamine (per local policy).



Interview with health worker

Mark "yes" if the respondent answers correctly:

47. YES _____ NO _____ What are the signs and symptoms of pneumonia?¹
48. YES _____ NO _____ How can you differentiate a cold from pneumonia?
49. YES _____ NO _____ How can you differentiate pneumonia from severe pneumonia?¹
50. YES _____ NO _____ When do you prescribe antibiotics?
51. YES _____ NO _____ What home treatments do you recommend for colds and pneumonia?²
52. YES _____ NO _____ When should you refer a child to the health centre/hospital?

1 Severe pneumonia is defined as cases with respiratory rates over 50 for children from 2 months to 5 years old (over 60 for children under 2 months), and with danger signs such as severe chest indrawing, inability to drink, or stridor.

2 Supportive home treatment includes extra fluids, continued feeding, maintaining a neutral temperature, clearing the nose, and using cough medicine or antihistamine (per local policy).



PHC service quality checklist

11: Diarrhoeal disease control/oral rehydration therapy

This checklist is intended for use in the observation of service delivery for oral rehydration therapy. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider check for:

5. YES _____ NO _____ Duration of diarrhoea?
6. YES _____ NO _____ Consistency of stools?
7. YES _____ NO _____ Frequency of stools?
8. YES _____ NO _____ Presence of blood and/or mucus in stools?
9. YES _____ NO _____ Presence of vomiting?
10. YES _____ NO _____ Fever?
11. YES _____ NO _____ Home treatments?

Physical examination

Did the service provider:

12. YES _____ NO _____ Assess general status (alert or lethargic)?
13. YES _____ NO _____ Pinch skin?¹
14. YES _____ NO _____ Weigh child?
15. YES _____ NO _____ Determine nutritional status to be sure the child is not severely malnourished?
16. YES _____ NO _____ Take temperature?

Classification and treatment

Did the service provider:

17. YES _____ NO _____ Determine the degree of dehydration (none, moderate, severe)?
18. YES _____ NO _____ Prescribe safe ORS or cereal-based ORT?
19. YES _____ NO _____ Recommend safe home treatment with ORS, or cereal-based ORT?
20. YES _____ NO _____ Refrain from using antibiotics, except when stools contain blood or mucus?
21. YES _____ NO _____ Refrain from using anti-diarrhoeals?

¹ Health workers should also look for sunken fontanelle and examine the mucus membrane. These are omitted here because they cannot be observed, however they could be included if the health worker is asked to describe what he or she is doing.



22. YES _____ NO _____ If the child is dehydrated, administer ORS or cereal-based ORT immediately or refer the child to a nearby centre?
23. YES _____ NO _____ Give sufficient amount of ORS solution?
24. YES _____ NO _____ Plan to reassess child's hydration status after an appropriate interval?
25. YES _____ NO _____ Rehydrate with intravenous fluid or naso-gastric tube if dehydration is severe?
26. YES _____ NO _____ Try ORS solution, if IV or NG tube are not available within 30 minutes of facility?
28. YES _____ NO _____ NG treatment, if child cannot drink, refer/evacuate for IV?

ORT education

Did the service provider:

29. YES _____ NO _____ Tell mother to give extra fluids during diarrhoea?
30. YES _____ NO _____ Tell mother how to prepare ORS solution?
31. YES _____ NO _____ Tell mother how much ORS solution to give and how often to give it?
32. YES _____ NO _____ Tell mother about appropriate feeding practices during and after diarrhoea?
33. YES _____ NO _____ Tell mother about at least three signs of dehydration?¹
34. YES _____ NO _____ Tell mother about at least two danger signs that indicate that she should bring the child to health centre?²
35. YES _____ NO _____ Show mother how to prepare ORS solution?
36. YES _____ NO _____ Show mother how to administer ORS solution?
37. YES _____ NO _____ Verify that mother understands key information?
38. YES _____ NO _____ Ask mother if she has any questions?

Essential supplies for ORT

39. YES _____ NO _____ Was the supply of ORS packets adequate for the past month?
40. YES _____ NO _____ Do you have the materials necessary (cup, spoon, water) to prepare and administer ORS solution?

Exit interview with the child's mother/caretaker

Mark "yes" if the respondent answers correctly:

41. YES _____ NO _____ How do you make ORS solution?
42. YES _____ NO _____ How much ORS solution will you give your child?
43. YES _____ NO _____ How often will you give ORS solution?
44. YES _____ NO _____ What danger signs indicate that you should bring your child back to the health centre?

Interview with service provider

Mark "yes" if the respondent answers correctly:

45. YES _____ NO _____ When you examined the child for dehydration, what physical signs did you look for?¹
46. YES _____ NO _____ What was the child's degree of dehydration?

1 Signs for dehydration; 1) lethargy; 2) absence of tears while crying; 3) pinched skin retracts slow

2 Danger signs : 1) many watery stools; 2) repeated vomiting; 3) very thirsty; 4) eating or drinking poorly;

5) fever; 6) blood in stool; 7) child shows signs of dehydration.



PHC service quality checklist

12: Water supply, hygiene, and sanitation

This checklist is intended for use in the observation of service delivery for education in water supply, hygiene, and sanitation. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Observation of health education sessions or individual counselling¹

Did the service provider:

5. YES _____ NO _____ Explain that dirty water, human and animal waste, and refuse can cause disease?
6. YES _____ NO _____ Explain the link between water and sanitation and diarrhoea?
7. YES _____ NO _____ Explain that cleanliness can prevent disease?
8. YES _____ NO _____ Discuss whether the woman has adequate access to water (i.e. located within 15 minutes of a water source)?
9. YES _____ NO _____ If there is a problem with access, discuss current or potential community efforts to address water supply problems and tell the woman how she can be involved?

Water storage and use:

Did the service provider:

10. YES _____ NO _____ Discuss keeping water in a clean, covered container?
11. YES _____ NO _____ Recommend use of a long-handled dipper to remove water from container?
12. YES _____ NO _____ Recommend keeping soap near the water storage container?
13. YES _____ NO _____ Discuss the importance of hand washing before eating, feeding children, and food preparation?
14. YES _____ NO _____ Discuss the importance of washing hands with soap after using the latrine, cleaning children, or handling refuse or excreta?
15. YES _____ NO _____ Encourage use of safe water for drinking, cooking, and washing vegetables or fruit?

Latrine maintenance and use:

Did the service provider:

16. YES _____ NO _____ Inspect latrine?
17. YES _____ NO _____ Recommend cleaning latrine daily with brush or broom?
18. YES _____ NO _____ Recommend making sure that latrine is absent of faeces?

¹ Individual counselling should be carried out in cases of diarrhoea, or in any cases where the health worker feels that poor water and sanitation may constitute a health risk.



19. YES _____ NO _____ Recommend making sure that latrine is absent of puddles?
 20. YES _____ NO _____ Recommend making sure that latrine is absent of flies?
 21. YES _____ NO _____ Recommend making water or paper available in latrine?
 22. YES _____ NO _____ Advise not to use latrine for storage?
 23. YES _____ NO _____ Advise to keep animals out of the latrine?
 24. YES _____ NO _____ Discuss appropriate latrine use and human waste disposal (e.g. baby potty for children under three)?

Refuse and excreta disposal:

Did the service provider:

25. YES _____ NO _____ Recommend sweeping house and courtyard daily?
 26. YES _____ NO _____ Recommend keeping animals away from cooking and eating areas?
 27. YES _____ NO _____ Recommend collecting and drying animal excreta for fertiliser, fuel, or as a construction material?
 28. YES _____ NO _____ Recommend burning or burying refuse?
 29. YES _____ NO _____ Recommend collecting used water and channel it into the garden?
 30. YES _____ NO _____ Recommend penning animals away from the house?

Interview with health workers

Mark "yes" if the respondent answers correctly:

31. YES _____ NO _____ Do you talk to individuals or groups about water and sanitation?
 32. YES _____ NO _____ Do you keep a list of neighbourhoods or households that do not have adequate access to water?
 33. YES _____ NO _____ What do you tell mothers about how to keep the drinking water at her home safe?
 34. YES _____ NO _____ What do you tell mothers about how to keep the latrine clean?
 35. YES _____ NO _____ What do you tell mothers about refuse disposal?

Interview with mothers

Mark "yes" if the respondent answers correctly:

36. YES _____ NO _____ Has a health worker ever talked to you, individually or in a group, about water and sanitation?
 37. YES _____ NO _____ Why is it important to wash your hands?
 38. YES _____ NO _____ What do you do to keep the drinking water at your home safe?
 39. YES _____ NO _____ What do you do to keep your latrine clean?
 40. YES _____ NO _____ How do you dispose of refuse?



PHC service quality checklist

13: Childhood disabilities

This checklist is intended for use in the observation of services provided by clinic-based and community-based service providers to clients with childhood disabilities. In this instance, the term "disabilities" will refer to clients who are crippled, who have trouble moving, speaking, seeing, hearing, or learning, and who have physical, mental, or emotional handicaps.¹ It is expected that providers will have different levels of training and expertise and have varied access to resources such as diagnostic, treatment, rehabilitation, and special education services. Therefore, national management and treatment protocols should be reviewed in order to adapt the tool to the local situation. PHC managers can use the checklist as a supervision tool to determine whether services are delivered according to established norms.

NOTE: Questions included in this checklist were constructed from existing manuals and references on disabilities,^{2, 3, 4, 5} and from the reported field experiences of relevant clinicians and researchers.⁶

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask the mother if she received prenatal care?
6. YES _____ NO _____ Ask the mother if her deliveries were attended by a health worker or TBA?
7. YES _____ NO _____ Ask the mother about the health/size of the newborn?
8. YES _____ NO _____ Ask the mother if the child's growth was monitored?
9. YES _____ NO _____ Ask the mother if the child is fully immunized?
10. YES _____ NO _____ Ask the mother whether the child had any serious delay in sitting, standing, or walking?
11. YES _____ NO _____ Ask the mother whether the child has difficulty learning to do things like other children his/her age?
12. YES _____ NO _____ For children 3 - 9 yrs. old, ask the mother whether the child's speech is in any way different from normal, e.g., not clear enough to be understood by people outside the immediate family?

1 This is the working definition used by the following contributors: Dr. David Marsh, Aga Khan University, with Drs. Salma Alam, Ghaxala Parveen, Shafiq-ur-Rab, and Mohammed Zahid.
 2 Helander, E., et al., *Training in the Community for People with Disabilities*, Geneva, WHO, 1989.
 3 Thorburn, M.J., & Marfo, K., *Practical approaches to childhood disability in developing countries: Insights from experience and research*, 3D Projects, Spanish Town, Jamaica, 1990.
 4 Wallace, H., "Health care of women and children in developing countries", Chapter 38, *Handicapped children and youth in developing countries*, Third party publishing company, Oakland, CA, 1990.
 5 Werner, D. *Disabled Village Children*, Hesperian Foundation, Palo Alto, CA, 1987.
 6 See footnote 3. Also Dr. Pasquale Accardo, Chair, Section on children with disabilities, American Academy of Pediatrics, provided some meaningful comments.



13. YES _____ NO _____ For 2-year-old children, ask whether he/she can identify and say the name of at least one object?
14. YES _____ NO _____ Ask whether the child has difficulty in walking, moving his/her arms, or has weakness or stiffness in the arms or legs?
15. YES _____ NO _____ Ask whether the child has had trouble seeing, either in the daytime or evening?
16. YES _____ NO _____ Ask ~~whether~~ the child has had trouble hearing?
17. YES _____ NO _____ Ask ~~the~~ mother whether the child has had fits (e.g., lost consciousness, blank stares, twitching or other uncontrolled movements)?
18. YES _____ NO _____ Ask the mother whether the child has had any behavioural or emotional problems?
19. YES _____ NO _____ Ask when the disability began?
20. YES _____ NO _____ Ask whether any family members or relatives have had a similar problem?
21. YES _____ NO _____ Ask whether medical care was sought for the disability?

Physical exam

Did the service provider:

22. YES _____ NO _____ Note the **presence** of any deformities or defects?
23. YES _____ NO _____ Check for normal range of motion in legs, knees, feet, hips?
24. YES _____ NO _____ Check for **differences** in leg length?
25. YES _____ NO _____ Check muscle **strength** in legs, knees, feet, hips, shoulders, back, arms or hands?
26. YES _____ NO _____ Check sense of balance and **coordination**?
27. YES _____ NO _____ Check **reflexes** in knee?
28. YES _____ NO _____ Check ability to touch or feel pain?
29. YES _____ NO _____ Check for **abnormal** curve of the spine?
30. YES _____ NO _____ Examine **ears** and test hearing?
31. YES _____ NO _____ Examine and test eyes?
32. YES _____ NO _____ Examine oral cavity?

Case identification/referral

Did the service provider:

33. YES _____ NO _____ Administer/prescribe appropriate treatment or therapy **according** to established treatment guidelines?
34. YES _____ NO _____ **Make** the appropriate referral according to established guidelines?
35. YES _____ NO _____ Record the case according to established guidelines?

Counselling client on childhood disabilities

Did the service provider:

36. YES _____ NO _____ Provide adequate information about local or regional referral services for people with disabilities (e.g., NGOs, special schools, therapy, and treatment centres)?
37. YES _____ NO _____ Provide adequate information on local or regional medical specialists?
38. YES _____ NO _____ Discuss with the client what may have caused the disability?
39. YES _____ NO _____ Discuss available medicine or treatment, if any?
40. YES _____ NO _____ Discuss any possible long-term outcomes associated with the condition and, if applicable, the need for ongoing treatment?



41. YES _____ NO _____ If applicable, discuss the possible risk of having another child if more than one child is known to have been born with a genetic condition?
42. YES _____ NO _____ Discuss what parents and families can do to help the disabled child?
43. YES _____ NO _____ Discuss what community or schools can do to help children with disabilities?
44. YES _____ NO _____ Discuss how a child with a disability can still do many things normally and can continue to be a productive member of the community?

Interview with service provider

Mark "yes" if the respondent answers correctly:

45. YES _____ NO _____ What are some signs and symptoms associated with disabilities?
46. YES _____ NO _____ What are the local treatment guidelines and available treatments?
47. YES _____ NO _____ What are some ways that disabilities can be prevented?
48. YES _____ NO _____ When should you refer cases for further diagnosis, testing, or treatment?
49. YES _____ NO _____ What are the local or regional referral services, e.g. NGOs, special schools, therapy and treatment centres, or specialists available to clients with disabilities?
50. YES _____ NO _____ Who is the individual in the community responsible for supervising or organising disability-related activities, such as rehabilitation, special education, recreational activities?
51. YES _____ NO _____ What are the committees or support groups in the community which are responsible for the above disability-related activities?
52. YES _____ NO _____ What is the process of recording or following up the progress of individuals?

Exit interview with client

Mark "yes" if the client responds correctly:

53. YES _____ NO _____ What is your child's disability?
54. YES _____ NO _____ Do you know how he/she got it?
55. YES _____ NO _____ If applicable, do you know how to prevent a similar disability from happening again?
56. YES _____ NO _____ What treatment did you receive?
57. YES _____ NO _____ How do you administer it?
58. YES _____ NO _____ Where do you go for treatment or follow-up?
59. YES _____ NO _____ What are some of the available therapy and treatment centres and/or community groups which can help your child?
60. YES _____ NO _____ What kinds of things can your child still do normally despite his/her disability?
61. YES _____ NO _____ Do you have some questions or concerns that were not addressed by the provider?



PHC service quality checklist

14: Accidents and injuries¹

This checklist is intended for use in the observation of service delivery for accidents and injuries. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Correctly identify type of injury?
6. YES _____ NO _____ Obtain history of the injury (cause, time of injury, determine type of poisoning, etc.)?

Physical examination

Did the service provider:

7. YES _____ NO _____ Administer proper treatment according to established guidelines?
8. YES _____ NO _____ Make the appropriate referral according to established guidelines?

Education on injury prevention

Did the service provider:

9. YES _____ NO _____ Discuss some common injuries and how they may be prevented?
10. YES _____ NO _____ Discuss the use of alcohol and dangers related to alcohol consumption?
11. YES _____ NO _____ Discuss the importance of proper storage of dangerous substances?
12. YES _____ NO _____ Discuss occupational safety issues?
13. YES _____ NO _____ Discuss child safety in and around the home?
14. YES _____ NO _____ Explain how to recognise an emergency?
15. YES _____ NO _____ Discuss location of emergency facilities in the area?
16. YES _____ NO _____ Explain the importance of determining the cause of the injury, particularly in the case of poisonings?

1 Kirsch, T. and Kiess, L. *Thesaurus of injury care skills*. Draft. Baltimore, MD, The Johns Hopkins University, 1992.



Interview with service provider

This section can be used to assess the knowledge of the service provider depending on his or her training. A response should be judged correct if it is in agreement with local guidelines.

Mark "yes" if the respondent answers correctly:

17. YES _____ NO _____ What are some common injuries
18. YES _____ NO _____ How can these injuries be prevented?
19. YES _____ NO _____ How can you recognise an emergency?
20. YES _____ NO _____ Where can treatment be obtained?
21. YES _____ NO _____ When should a patient be referred?
22. YES _____ NO _____ How should a patient with an injury be transported?
23. YES _____ NO _____ What important information do you need to obtain from a patient regarding their injury?

Exit interview with client

Mark "yes" if the respondent answers correctly:

24. YES _____ NO _____ What is your injury?
25. YES _____ NO _____ Do you understand how to care for the injury?
26. YES _____ NO _____ What medication were you given?
27. YES _____ NO _____ Do you understand how to take this medication?
28. YES _____ NO _____ What are the danger signs that warn you to return to the health care facility for help?
29. YES _____ NO _____ What kind of follow-up or rehabilitative care does your injury require?
30. YES _____ NO _____ How can this kind of injury be prevented or avoided in the future?



PHC service quality checklist

15: Sexually transmitted diseases and HIV/AIDS

This checklist is intended for use in the observation of STD-related services which are delivered by health care service providers in STD clinics, PHC centres, MCH facilities or FP clinics. It is expected that providers will have different levels of training and expertise, and have varied access to resources such as clinical, diagnostic, and treatment services. Therefore, national management and treatment protocols should be reviewed in order to adapt the tool to the local situation. PHC managers can use the checklist as a supervision tool to determine whether services are delivered according to established norms. Because of the confidential nature of the questions, supervisors may want to observe simulated visits rather than actual visits, or to use an interview with the health worker rather than observation.

NOTE: Questions included in this checklist were constructed from existing STD/HIV/AIDS medical and management protocols developed by WHO¹ from AIDS prevention programme materials^{2 3} and from related studies on counselling and education^{4 5 6} and drawn from the reported field experiences of relevant clinicians and researchers.⁷

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

This section can be used to assess the service provider who takes the medical history. The purpose of taking the medical history is to alert the provider to possible types of infection associated with STDs.

Did the service provider ask about:

5. YES _____ NO _____ Symptoms of infection such as prolonged fever?
- YES _____ NO _____ Unexplained weight loss?
- YES _____ NO _____ Chronic diarrhoea?
- YES _____ NO _____ Persistent cough?
- YES _____ NO _____ Visual symptoms?

- 1 World Health Organization: *Management of patients with sexually transmitted diseases*. WHO Technical report series 810, Geneva, World Health Organization, 1991.
- 2 Lamptey, P, Piot, P., *The handbook for AIDS prevention in Africa*. Durham, NC, Family Health International, 1990.
- 3 World Health Organization, *AIDS prevention: guidelines for MCH/FP Programme managers*. Global Programme on AIDS, Geneva, World Health Organization, 1990.
- 4 Andrist, L., *Taking a sexual history and educating clients about safe sex*. Nursing Clinics of North America, Dec., 23(4):959-73 (1988).
- 5 Stone, D. & Kaleeba, N., *Counselling and AIDS. The handbook for AIDS prevention in Africa*, 181-190, Durham, NC, Family Health International, 1990.
- 6 World Health Organization: *Management of patients with sexually transmitted diseases*. WHO technical report series 810, 61-7, Geneva, World Health Organization, 1991.
- 7 Experts consulted included Bernham, G., Department of International Health, Johns Hopkins School of Public Health; Brady, W., PA-C, MPH Division of STD/HIV prevention, Centers for Disease Control; Millar, M., University Research Corporation, Training programme as part of WHO Global Programme on AIDS; Neill, M., Training and Materials Development Specialist, CDC; Alwood, C., NP, AIDS Clinic, Johns Hopkins Hospital.



- YES _____ NO _____ Genital ulcers?
 YES _____ NO _____ Urethral/vaginal discharge?
 YES _____ NO _____ Painful or difficult urination?
 YES _____ NO _____ Mouth sores?
 YES _____ NO _____ Night sweats?
 6. YES _____ NO _____ Previous exposure to STDs?
 7. YES _____ NO _____ Treatments administered?
 8. YES _____ NO _____ Follow-up and compliance with treatment?
 9. YES _____ NO _____ Treatment of partner(s)?
 10. YES _____ NO _____ Whether client has ever had transfusion of blood or blood products?
 11. YES _____ NO _____ Whether client has ever been exposed to non-sterile instruments such as needles or knives?
 12. YES _____ NO _____ If applicable, take the medical history in private?

Sexual history

The purpose of taking a sexual history is to alert the service provider to possible risk behaviours associated with STDs. Due to the sensitive nature of the subject matter, the provider should be careful to explain the reason for obtaining this information and to assure the client of the confidentiality of his/her responses.

Did the service provider:

13. YES _____ NO _____ Explain why taking a sexual history is useful in identifying a condition?
 14. YES _____ NO _____ Assure the client that all responses will remain confidential?
 15. YES _____ NO _____ Ask whether client is currently sexually active?
 16. YES _____ NO _____ Ask whether client is active with more than one partner?
 17. YES _____ NO _____ Ask about types of sexual practice?
 18. YES _____ NO _____ Ask whether condoms are used during sexual activity?
 19. YES _____ NO _____ Ask client for questions or concerns regarding his/her sexual activity?
 20. YES _____ NO _____ Take the sexual history in private?

Physical examination

This section can be used to assess how the physical examination is conducted given that proper equipment such as an examination table, gloves, and speculum, may not be available.

Did the service provider:

21. YES _____ NO _____ If client felt feverish, take temperature?
 22. YES _____ NO _____ Weigh client?
 23. YES _____ NO _____ Examine oral cavity for signs of infection e.g., thrush?
 24. YES _____ NO _____ Examine eyes (infant) for conjunctiva?
 25. YES _____ NO _____ Check for swollen glands in the neck, armpit, or groin?
 26. YES _____ NO _____ For women, check for lower abdominal pain/tenderness?
 27. YES _____ NO _____ For women, examine cervix, vagina, and labia?
 28. YES _____ NO _____ For men, examine penis base, and scrotum, and retract foreskin?
 29. YES _____ NO _____ Examine anus for ulcers or warts?
 30. YES _____ NO _____ Check for possible skin infection?
 31. YES _____ NO _____ Take the necessary precautions to minimise exposure to blood and body fluids during the examination?



Case identification/treatment/referral

Guidelines for diagnosis, testing, treatment and referral of priority diseases or syndromes will need to be reviewed in order to correctly identify and treat cases.

With appropriate laboratory support:

Did the service provider:

- 32. YES _____ NO _____ Practise universal precautions before and after drawing a sample, e.g., blood, urethral/vaginal discharge?
- 33. YES _____ NO _____ Draw the sample according to protocol?
- 34. YES _____ NO _____ Take the recommended amount of specimen?
- 35. YES _____ NO _____ Seal and label container of specimen?
- 36. YES _____ NO _____ Complete record of transfer to laboratory?
- 37. YES _____ NO _____ Transfer specimen to laboratory within prescribed time limit?

After testing is complete or in the absence of laboratory support:¹

Did the service provider:

- 38. YES _____ NO _____ Identify disease according to established guidelines?
- 39. YES _____ NO _____ Inform the client of the diagnosis?
- 40. YES _____ NO _____ Administer/prescribe appropriate treatment according to established treatment guidelines?
- 41. YES _____ NO _____ Instruct client on treatment compliance and when to return?
- 42. YES _____ NO _____ Make the appropriate referral according to established guidelines?
- 43. YES _____ NO _____ Record the case according to established guidelines?
- 44. YES _____ NO _____ Ask for questions from the client?

Counselling client on prevention of STD and HIV/AIDS

Counselling the client about STDs is intended to prevent behaviours that lead to infection and to provide support to those who are infected or are caring for someone who is infected. This section can be used if the medical/sexual history indicates that the client may be at risk for STD.

Did the service provider:

- 45. YES _____ NO _____ Inform the client about the ways in which STDs can be transmitted within that community?
- 46. YES _____ NO _____ Discuss some basic ways to prevent sexual transmission of STDs?
- 47. YES _____ NO _____ Instruct the client on the correct and consistent use of condoms?
- 48. YES _____ NO _____ Teach client how to recognise some common symptoms of STDs and understand the importance of getting correct treatment?
- 49. YES _____ NO _____ Explain that some STDs are not curable (HIV infection; human papillomavirus)?
- 50. YES _____ NO _____ Explain that behaviours that may lead to STD also put client at risk of HIV infection?
- 51. YES _____ NO _____ Provide the client with any available brochures or handouts?
- 52. YES _____ NO _____ Use available educational materials to instruct the client?
- 53. YES _____ NO _____ Ask for questions from the client?

¹ When laboratory support is unavailable, the identification of STD cases may be based on the client's medical/sexual history and physical examination alone.



Pre- and post- test counselling for HIV antibody testing or STD laboratory testing

This section is applicable only if laboratory testing is indicated for the client and adequate laboratory protocols and facilities are available.

Did the service provider:

- 54. YES _____ NO _____ Explain the testing procedure to the client?
- 55. YES _____ NO _____ Assure the client of the confidentiality of his/her test results?
- 56. YES _____ NO _____ Discuss the meaning of a negative test result?
- 57. YES _____ NO _____ Discuss the meaning of a positive test result?
- 58. YES _____ NO _____ Discuss available treatment of conditions, if any?
- 59. YES _____ NO _____ Discuss the importance of notifying a partner?
- 60. YES _____ NO _____ Discuss the possibility that the infected client or partner may not yet have symptoms or show signs of being infected?
- 61. YES _____ NO _____ Explain about some common symptoms which may occur as a result of infection and should be reported to the provider?

For HIV-positive women:

Did the service provider:

- 62. YES _____ NO _____ Advise client of the risks to a foetus/infant?
- 63. YES _____ NO _____ Give contraceptive advice or, if desired, direct the client to family planning services?
- 64. YES _____ NO _____ Suggest any prenatal or postnatal care that may be needed?

For mothers of HIV-infected newborns:

Did the service provider:

- 65. YES _____ NO _____ Explain that the child could have many years of normal life?
- 66. YES _____ NO _____ Encourage breast feeding and growth monitoring of the child?
- 67. YES _____ NO _____ Recommend complete immunizations except BCG if the child shows clinical signs of HIV infection?

Counselling client with diagnosed STD

In this section, counselling is intended to provide support to clients whose laboratory testing, if available, and clinical findings indicate STD infection.

Did the service provider:

- 68. YES _____ NO _____ Explain how the infection may have been transmitted?
- 69. YES _____ NO _____ Discuss available treatments, if any?
- 70. YES _____ NO _____ Explain if the infection is curable, and if not, the long-term effects?
- 71. YES _____ NO _____ Discuss complications, if any, of disease or treatment?
- 72. YES _____ NO _____ Discuss the possibility that infected partners may not yet have symptoms or show signs of being infected?
- 73. YES _____ NO _____ Explain the risk of reinfection if sex is resumed with an untreated partner?
- 74. YES _____ NO _____ Explain that STDs may increase the transmission of HIV?
- 75. YES _____ NO _____ Counsel client in private?

Interview with service provider

This section can be used to assess a service provider depending on his/her level of training, education, and skill in the delivery of STD-related services. A response should be judged as correct if it is in agreement with local guidelines and his/her level in these areas.

Mark "yes" if the respondent answers correctly.

- 76. YES _____ NO _____ What are some common examples of STDs?
- 77. YES _____ NO _____ How are HIV infection and AIDS defined?



78. YES _____ NO _____ How are they transmitted?
79. YES _____ NO _____ What are some signs or symptoms of a sexually transmitted disease? of HIV infection? of AIDS?
80. YES _____ NO _____ What are some risk factors for STDs?
81. YES _____ NO _____ What are some preventive measures against infection?
82. YES _____ NO _____ Which STDs may increase the transmission of HIV?
83. YES _____ NO _____ What treatments are available?
84. YES _____ NO _____ What tests should be carried out if you suspect infection?
85. YES _____ NO _____ Who are the people at greatest risk of being infected in your area?
86. YES _____ NO _____ When and to whom should you refer cases for further diagnoses, testing, or treatment?

Exit interview of client with STD

Mark "yes" if the client responds correctly

87. YES _____ NO _____ What is your illness?
88. YES _____ NO _____ How do you think you got it?
89. YES _____ NO _____ How do you prevent giving what you have to someone else and how do you prevent becoming infected again?
90. YES _____ NO _____ What treatment/medicine did you receive or will receive?
91. YES _____ NO _____ How much and how often will you take it?
92. YES _____ NO _____ When and where will you return for test results, treatment, or follow-up?
93. YES _____ NO _____ Were you asked to encourage your sexual partner to come for an examination?
94. YES _____ NO _____ Do you have questions or concerns that were not addressed by the provider?

Exit interview of client without STD

Mark "yes" if the client responds correctly

95. YES _____ NO _____ How are STDs transmitted in your community?
96. YES _____ NO _____ How can you protect yourself from getting an STD?
97. YES _____ NO _____ How would you know if you got an STD?
98. YES _____ NO _____ What would you do if you thought you had an STD?
99. YES _____ NO _____ Did you receive any educational brochures or handouts?
100. YES _____ NO _____ Do you have questions or concerns that were not addressed by the provider?



PHC service quality checklist

16: Malaria

This checklist is intended for use in the observation of service delivery for malaria. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about level of fever?
6. YES _____ NO _____ Ask about pattern of fever?
7. YES _____ NO _____ Ask about chills/sweats?
8. YES _____ NO _____ Ask about headache?
9. YES _____ NO _____ Ask about vomiting?
10. YES _____ NO _____ Ask about convulsions?
11. YES _____ NO _____ Ask about anti-malarial drugs taken in last 24 hours?
12. YES _____ NO _____ Ask about other symptoms to rule out other fever-related illnesses?¹

Physical examination

Did the service provider:

13. YES _____ NO _____ Take temperature?
14. YES _____ NO _____ Examine neck for stiffness?
15. YES _____ NO _____ Palpate abdomen/stomach?
16. YES _____ NO _____ Ascultate lungs?
17. YES _____ NO _____ Examine ears, nose, throat?
18. YES _____ NO _____ Examine skin?
19. YES _____ NO _____ Weigh patient?
20. YES _____ NO _____ Make blood slide or refer case to a facility where a blood slide may be examined?
21. YES _____ NO _____ Examine blood slide?

Treatment and Referral

Did the service provider:

22. YES _____ NO _____ Administer or prescribe appropriate anti-malarial drug according to local norms?

¹ Other symptoms that might indicate a cause other than malaria are diarrhoea, cough, runny nose, sore throat, ear pain, urinary symptoms (dysuria, frequency), and joint pain or swelling.



23. YES _____ NO _____ Refer case of cerebral or other serious/complicated or unresponsive malaria?
24. YES _____ NO _____ Refer for further diagnosis/treatment if other serious fever-related illness is suspected?

If fever is over 39 degrees celcius:

25. YES _____ NO _____ Administer anti-pyretic drug?
26. YES _____ NO _____ Sponge or bathe with water?

Malaria education and counselling

Did the service provider:

27. YES _____ NO _____ Tell how to administer anti-malarial drug?
28. YES _____ NO _____ Provide drugs or verify that client has access to drugs?
29. YES _____ NO _____ Discuss the importance of completing entire treatment course?
30. YES _____ NO _____ Discuss danger signs that may indicate unresponsive or complicated malaria?¹
31. YES _____ NO _____ Tell client to return for consultation if danger signs develop?
32. YES _____ NO _____ Discuss prevention?²
33. YES _____ NO _____ Verify that client understands key messages?
34. YES _____ NO _____ Ask client if he or she has any questions?

Outreach education (household visits or group sessions):

Case identification and treatment:

Did the service provider:

35. YES _____ NO _____ Ask if anyone in the household has fever?
36. YES _____ NO _____ Explain malaria signs and symptoms, especially fever?
37. YES _____ NO _____ Explain importance of immediate treatment of malaria (fever) in the home?
38. YES _____ NO _____ Explain which drug(s) should be used to treat fever in the home?
39. YES _____ NO _____ Explain recommended treatment schedule for anti-malarial drugs?
40. YES _____ NO _____ Explain where drugs can be obtained?
41. YES _____ NO _____ Explain indications for seeking medical care?

Prevention:

Did the service provider:

42. YES _____ NO _____ Explain the use of mosquito nets?
43. YES _____ NO _____ Explain the use of household spraying?
44. YES _____ NO _____ Tell where nets and sprays are available?
45. YES _____ NO _____ Explain how to eliminate standing water?

Chemoprophylaxis for pregnant women:

Did the service provider:

46. YES _____ NO _____ Explain which drug(s) can be used for malaria prevention?

¹ Danger signs include: unconsciousness, severe drowsiness, fever continuing for more than two days after initiation of treatment, relapse of fever within three weeks.

² Preventive measure include chemoprophylaxis, the use of mosquito nets, household spraying, and eliminating standing water.



47. YES _____ NO _____ Explain recommended anti-malarial drug administration schedule for prevention?
48. YES _____ NO _____ Discuss possible side effects?
49. YES _____ NO _____ Explain when and where to go to obtain chemoprophylaxis services?

Supplies

Ask the service provider about the following supplies:

50. YES _____ NO _____ Do you have a thermometer?
51. YES _____ NO _____ Do you have a stethoscope?
52. YES _____ NO _____ Do you have a scale?
53. YES _____ NO _____ Do you have a working microscope and slides?
54. YES _____ NO _____ Do you have chloroquine?
55. YES _____ NO _____ Do you have other anti-malarial drugs?



PHC service quality checklist

17: Tuberculosis

This checklist is intended for use in the observation of delivery of tuberculosis services. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical History

Did the service provider:

5. YES _____ NO _____ Ask about persistent cough (2 weeks or more)?
6. YES _____ NO _____ Ask about persistent fever (1 month or more)?
7. YES _____ NO _____ Ask about weight loss?
8. YES _____ NO _____ Ask about blood in sputum?
9. YES _____ NO _____ Ask about persistent chest or back pain (1 month or more)?
10. YES _____ NO _____ Ask if household members or neighbours have had similar symptoms?

Physical examination

Did the service provider:

11. YES _____ NO _____ Take temperature?
12. YES _____ NO _____ Take respiratory rate?
13. YES _____ NO _____ Take pulse?
14. YES _____ NO _____ Weigh patient?
15. YES _____ NO _____ Lymph node examination?
16. YES _____ NO _____ Auscultate lungs?

Treatment and referral

Did the service provider:

17. YES _____ NO _____ Perform cutaneous TB test (per local policy)?
18. YES _____ NO _____ Tell the patient that he has (or may have) TB?
19. YES _____ NO _____ Refer for sputum examination?
20. YES _____ NO _____ Refer for chest X-ray?
21. YES _____ NO _____ Prescribe medicines or refer for treatment according to local norms?

For follow-up cases

Did the service provider:

22. YES _____ NO _____ Correctly verify that client is taking medicine?
23. YES _____ NO _____ Assess client's progress?
24. YES _____ NO _____ Ask about side effects or adverse reactions?



25. YES_____NO_____ If side effects are **present**: give advice about **managing** side effects?
26. YES_____NO_____ Change treatment procedure if necessary?

Health education

Did the service provider:

27. YES_____NO_____ Explain where to go for examinations/lab tests?
28. YES_____NO_____ Explain how much and how often to take medicine?
29. YES_____NO_____ Stress the importance of completing the treatment?
30. YES_____NO_____ Inform the patient if he or she is contagious?
31. YES_____NO_____ Discuss how to prevent spread of the disease?
32. YES_____NO_____ Discuss danger signs and adverse reactions that require further care?
33. YES_____NO_____ Tell when to return for a follow-up visit?
34. YES_____NO_____ Discuss the importance of testing and treating family members with similar symptoms?
35. YES_____NO_____ Verify that the patient understood key messages?
36. YES_____NO_____ Ask if the patient has any questions?

Supplies

Ask the service provider if he or she has the following supplies:

37. YES_____NO_____ Thermometer?
38. YES_____NO_____ Watch?
39. YES_____NO_____ Stethoscope?
40. YES_____NO_____ Scale?
41. YES_____NO_____ Cutaneous TB test?

Interview with patient

Mark "yes" if the respondent answers correctly:

42. YES_____NO_____ What is your illness?
43. YES_____NO_____ Did you receive medicine or a prescription?
44. YES_____NO_____ If prescription: do you know where you can get the needed medicine?
45. YES_____NO_____ How much and how often will you take the medicine?
46. YES_____NO_____ Did the health worker give you a sputum test or arrange for you to have a sputum test?
47. YES_____NO_____ If test was arranged, when will you go for the test?
48. YES_____NO_____ What can you do to prevent the spread of the disease?
49. YES_____NO_____ What are the danger signs that indicate that you should come back to the health centre?
50. YES_____NO_____ When will you come back for test results/follow-up?

Interview with service provider

Mark "yes" if the respondent answers correctly:

51. YES_____NO_____ What are the signs and symptoms of TB?
52. YES_____NO_____ What tests should be carried out if TB is suspected?
53. YES_____NO_____ What medicines do you use to treat TB?
54. YES_____NO_____ How much and how often should that patient take the medicines?
55. YES_____NO_____ What are the danger signs that indicate that the patient requires further care?



PHC service quality checklist

18. Treatment of minor ailments

This checklist is intended for use in the observation of treatment of minor ailments. Before using it, the local treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about the chief complaint (fever, pain, cough, etc)?
6. YES _____ NO _____ Determine the present history of the illness?
7. YES _____ NO _____ Determine condition-related past and family history?

Physical examination

Did the service provider:

8. YES _____ NO _____ Check vital signs (blood pressure, temperature, pulse, respiration rate etc.)
9. YES _____ NO _____ Conduct a related physical exam?

Diagnosis

Did the service provider:

10. YES _____ NO _____ Make differential diagnosis (e.g., cough, TB, pneumonia, bronchitis, abdominal pain, gastroenteritis, acute cholecystitis, appendicitis, etc.)?

Laboratory diagnosis

Did the service provider:

11. YES _____ NO _____ Order condition- or preliminary diagnosis-related diagnostic tests (laboratory tests, x-ray studies, etc)

Treatment and follow-up plans

Did the service provider:

13. YES _____ NO _____ Provide appropriate treatment according to the condition?
14. YES _____ NO _____ Provide information to the patient about the condition and treatment plan?
18. YES _____ NO _____ Discuss the importance of compliance with the drug therapy?
21. YES _____ NO _____ How often will you take this medicine?
22. YES _____ NO _____ What is the dose you will take?
23. YES _____ NO _____ For how long will you continue treatment?



PHC service quality checklist

19a: Hypertension

This checklist is intended for use in the observation of service delivery for hypertension. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Initial reading

Did the service provider:

5. YES _____ NO _____ Take a blood pressure reading?
6. YES _____ NO _____ Make sure proper cuff size was utilised in taking blood pressure?

If diastolic blood pressure is 115 or more: Did provider ask patient about:

7. YES _____ NO _____ Blurry vision?
8. YES _____ NO _____ Severe headache that is getting worse?
9. YES _____ NO _____ Change in mental status (sleepy, confused)?
10. YES _____ NO _____ Seizure?

If diastolic blood pressure is over 90: Did provider ask the patient about:

11. YES _____ NO _____ Chest pain?
12. YES _____ NO _____ Shortness of breath?

Medical history

Did the service provider:

13. YES _____ NO _____ Ask about chief complaints?
14. YES _____ NO _____ Ask about duration of hypertension?
15. YES _____ NO _____ Ask about family history of hypertension?
16. YES _____ NO _____ Ask about previous or current treatment and response?
17. YES _____ NO _____ Ask about history of diabetes, stroke?
18. YES _____ NO _____ Ask about previous heart trouble, chest pain?
19. YES _____ NO _____ Ask if patient has had excessive thirst?
20. YES _____ NO _____ Ask about swelling, varicose veins and blood clots?
21. YES _____ NO _____ Ask about current lifestyle (work, stresses, home conditions)?
22. YES _____ NO _____ Ask about eating habits, smoking, alcohol and drug consumption?
23. YES _____ NO _____ Ask about previous serious illness?
24. YES _____ NO _____ Ask about medications patient is taking now?

Physical examination

Did the service provider:

25. YES _____ NO _____ Check vital signs?



26. YES _____ NO _____ Check and record blood pressure in both arms?
 27. YES _____ NO _____ Check neck veins?
 28. YES _____ NO _____ Feel for thyroid?
 29. YES _____ NO _____ Listen to lungs?
 30. YES _____ NO _____ Listen to heart?
 31. YES _____ NO _____ Check for oedema in lower legs?
 32. YES _____ NO _____ Check for pulse in top of foot?
 33. YES _____ NO _____ Examine abdomen?
 34. YES _____ NO _____ Conduct urinalysis?

Hypertension education and counselling

Did the service provider:

35. YES _____ NO _____ Explain what hypertension is?
 36. YES _____ NO _____ Explain the prognosis?
 37. YES _____ NO _____ Inform patient of blood pressure level?
 38. YES _____ NO _____ Explain lack of symptoms?
 39. YES _____ NO _____ Explain treatment goal?
 40. YES _____ NO _____ Provide patient with regimen sheet for systematic antihypertensive therapy?
 41. YES _____ NO _____ Explain how to take medication?
 42. YES _____ NO _____ Discuss importance of taking medication daily?
 43. YES _____ NO _____ Discuss the possible side effects of medication?
 44. YES _____ NO _____ Discuss possible warning signs of high blood pressure?
 45. YES _____ NO _____ Tell patient to return if warning signs appear?
 46. YES _____ NO _____ Advise patient to restrict sodium and fat intake?
 47. YES _____ NO _____ Advise patient to avoid nicotine?
 48. YES _____ NO _____ Advise patient to lose weight if overweight?
 49. YES _____ NO _____ Discuss the importance of following the prescribed diet?
 50. YES _____ NO _____ Verify that patient understands key points?
 51. YES _____ NO _____ Ask if the patient has any questions?

Supplies

Does the service provider have the following supplies:

52. YES _____ NO _____ A stethoscope?
 53. YES _____ NO _____ Blood pressure cuffs (different sizes)?
 54. YES _____ NO _____ Medications available to treat emergencies?
 55. YES _____ NO _____ Medications used in treatment of hypertension?

Exit interview with client or caretaker

Mark "yes" if the respondent answers correctly.

56. YES _____ NO _____ Why is it important to have your blood pressure checked at least once a year?
 57. YES _____ NO _____ Where can you have your blood pressure checked?
 58. YES _____ NO _____ Where can you receive treatment?
 59. YES _____ NO _____ How should you take medication?
 60. YES _____ NO _____ Why is it important to follow treatment instructions daily?
 61. YES _____ NO _____ How often should you have your blood pressure checked?
 62. YES _____ NO _____ What danger signs indicate you should return to clinic?
 63. YES _____ NO _____ What can you do to prevent hypertension?



Interview with service provider

Mark "yes" if the respondent answers correctly.

64. YES _____ NO _____ What blood pressure measurement is considered high blood pressure?
65. YES _____ NO _____ When should patient be referred to a physician for an emergency?
66. YES _____ NO _____ At what point treatment should a patient be referred to a physician?
67. YES _____ NO _____ What drugs should be prescribed for the treatment of hypertension?
68. YES _____ NO _____ What kind of diet should be prescribed for hypertension?
69. YES _____ NO _____ How can hypertension be prevented?



PHC service quality checklist

19b: Diabetes mellitus^{1 2}

This checklist is intended for use in the observation of service delivery for diabetes mellitus. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the provider ask about:

5. YES _____ NO _____ Early symptoms such as frequent urination, unusual thirstiness (dry mouth), loss of appetite, nausea, vomiting and weight loss?
 YES _____ NO _____ Blurry vision that comes and goes?
 YES _____ NO _____ Vaginal itching or yeast infections (if patient is a woman)?
 YES _____ NO _____ Gum swelling or soreness?
 YES _____ NO _____ Chest pain, especially when exercising?
 YES _____ NO _____ Symptoms of urinary tract infection, such as pain or burning when urinating?
 YES _____ NO _____ Foot problems such as a sore or injury that does not heal, a change in the skin or toe nails, or numbness?
 YES _____ NO _____ Numbness, tingling, weakness or pain in any part of the body?
 YES _____ NO _____ Other infections that don't clear up (skin, gums, urine)?

Physical examination

Did the service provider:

6. YES _____ NO _____ Check the patient's general appearance, vital signs and weight?
7. YES _____ NO _____ Check for fast, deep breathing, or acetone breath?
8. YES _____ NO _____ Check for signs of dehydration such as weight loss and dry mouth?
9. YES _____ NO _____ Observe mental changes (confusion, sleepiness, unconsciousness)?
10. YES _____ NO _____ Do Snellen test, if patient complains of change in vision?
11. YES _____ NO _____ Check gums for inflammation, tenderness, redness, swelling?

1 Burgess, R., *Community health aide/practitioner manual*, 55-58, Washington, DC, United States Department of Health and Human Services, 1987.

2 Hoole, A., Greenber, R., & Pickard, G., *Patient care guidelines for family nurse practitioners*, p. 265-272, Boston, MA, Little Brown and Company, 1976.



12. YES _____ NO _____ Check the general appearance of the feet, their size and shape?
13. YES _____ NO _____ Check for pitting oedema by pressing thumb over shin bone?
14. YES _____ NO _____ Check for strength of pulse in each foot (top of foot) and behind medial ankle bone?
15. YES _____ NO _____ Check for poor blood supply, if pulse in foot is weak?
16. YES _____ NO _____ Conduct lab tests for blood sugar and urine dipstick for protein, glucose and ketones?

Diabetes education and counselling

Did the service provider:

17. YES _____ NO _____ Discuss diet guidelines, such as avoidance of sugars and fats, and eating more fibre?
18. YES _____ NO _____ Discuss weight control and diet, if the patient is overweight?
19. YES _____ NO _____ Recommend regular exercise, after consultation with doctor?
20. YES _____ NO _____ Demonstrate how to do blood and urine tests?
21. YES _____ NO _____ Discuss the importance of avoiding/stopping smoking?
22. YES _____ NO _____ Discuss how to teach the family about handling common diabetic emergencies?
23. YES _____ NO _____ Ask the patient to repeat key messages?
24. YES _____ NO _____ Ask the patient if he/she has any questions?

Foot Care:

Did the service provider:

25. YES _____ NO _____ Discuss the importance of proper foot care (i.e. daily, gentle cleansing)?
26. YES _____ NO _____ Discuss foot protection?
27. YES _____ NO _____ Recommend not walking barefoot and wearing proper fitting shoes?
28. YES _____ NO _____ Discuss avoiding injury from heat or cold?
29. YES _____ NO _____ Discuss cutting toe nails straight across with proper instruments, and not cutting calluses?
30. YES _____ NO _____ Recommend wearing soft, dry socks without tight elastic, and using foot powder to keep feet dry?

Women of child bearing age:

Did the service provider:

31. YES _____ NO _____ Discuss the importance of maintaining blood sugar levels within a specified range before and during pregnancy to prevent birth defects?
32. YES _____ NO _____ Refer high-risk pregnancies (per local policy)?

Exit interview with the patient

Mark "yes" if the respondent answers correctly:

33. YES _____ NO _____ Do you know what medications to take, and when?
34. YES _____ NO _____ Where will you get the needed medicine?
35. YES _____ NO _____ How will you administer the drug (how much, how often, for how long)?
36. YES _____ NO _____ What danger signs indicate that you should come back to the health facility?
37. YES _____ NO _____ What will you do to care for your diabetes?

Interview with service provider

Mark "yes" if the respondent answers correctly.

38. YES _____ NO _____ What are the signs and symptoms of diabetes that require further medical attention?
39. YES _____ NO _____ When should you refer a case for further diagnosis?
40. YES _____ NO _____ What measures can be taken to prevent or care for diabetes?



PHC service quality checklist

19c: Anaemia

This checklist is intended for use in the observation of service delivery for anaemia. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/supervisor
4. _____ Date

Medical history

Did the service provider:

5. YES _____ NO _____ Ask about chief complaints and whether pregnant?
6. YES _____ NO _____ Ask if there is any blood in stool?
7. YES _____ NO _____ Determine the occult blood in the stool?
8. YES _____ NO _____ Ask about menstrual history?
9. YES _____ NO _____ Ask whether vomit with blood?

Physical examination

Did the service provider:

10. YES _____ NO _____ Take pulse and blood pressure?
11. YES _____ NO _____ Check colour of conjunctiva?
12. YES _____ NO _____ Check occult blood in stool?
13. YES _____ NO _____ Ask about family anaemia history?
14. YES _____ NO _____ Ask about previous or current treatment and response?
15. YES _____ NO _____ Give complete physical examination (chest, abdomen, etc.)?

Laboratory test

Did the service provider:

16. YES _____ NO _____ Get complete blood count with reticulocyte count?
17. YES _____ NO _____ Get sedimentation rate?
18. YES _____ NO _____ Determine haemoglobin type (region, race, age or sex)?
19. YES _____ NO _____ Determine iron binding capacity?
20. YES _____ NO _____ Get full chemical analysis (calcium, potassium etc.,) (optional)?

Diagnosis treatment, nutrition education

Did the service provider:

21. YES _____ NO _____ Determine the aetiology of the anaemic condition?
22. YES _____ NO _____ Determine appropriate consultation (referral to a specialist, if needed)?
23. YES _____ NO _____ Provide appropriate treatment according to condition?
24. YES _____ NO _____ Provide nutrition counselling?



Women of child bearing age

Did the service provider:

25. YES _____ NO _____ Discuss the importance of proper nutrition (high in iron) and iron supplementation during pregnancy?
26. YES _____ NO _____ Schedule a return/follow-up appointment after 46 weeks of treatment to evaluate treatment response?
27. YES _____ NO _____ Provide a referral to a specialist if anaemia is due to a malignant condition?

Exit interview with client

Mark "yes" if the respondent answers correctly:

28. YES _____ NO _____ Do you know about what diet is good for you?
29. YES _____ NO _____ Do you know how to administer the drug (how much, how often and how long)?
30. YES _____ NO _____ Do you know where you can get refills for the drug?
31. YES _____ NO _____ Do you know why you need to comply with the drug/nutrition therapy?

Interview with service provider

Mark "yes" if the respondent answers correctly:

32. YES _____ NO _____ What are the signs and symptoms of anaemia?
33. YES _____ NO _____ Under what conditions should you refer a client to a specialist?
34. YES _____ NO _____ How can you care for anaemia?



PHC Service quality checklist

20: Client satisfaction

In addition to using service quality checklists to assess the clinical performance of providers, it is useful to assess provider performance from the patient or client perspective. This checklist will thus enable managers to 1) examine the degree to which services and providers meet the expectations of the client, and 2) identify opportunities to improve the quality of care based on the client's perspective.

The dimensions of client satisfaction

Client satisfaction consists of a number of dimensions, each of which should be addressed in a client satisfaction survey. These dimensions include:

Accessibility of services: Do clients feel they can easily take advantage of services? How convenient are services for clients?

Facilities, equipment and supplies: Do clients feel that the health facility (hospital, clinic, health centre, outreach service), equipment and supplies are acceptable to them?

Availability of services: Do clients believe that the providers and services they need are available?

Continuity of care: Do clients feel that the same level of care is provided from visit to visit or from provider to provider?

Interpersonal qualities of service provider: Do clients feel that the provider possesses adequate interpersonal skills?

Professional competence: Do clients feel that the provider's technical skills and knowledge are adequate?

Cost: Are clients satisfied with the cost of the service?

Resulting health status/Efficacy of treatment: Are clients satisfied with their health outcome after service is provided to them?

How to use the checklist

This checklist can be used:

- as part of an exit interview at the health facility,
- as a guide for discussion in a focus group setting,
- as part of a comprehensive household interview survey, or
- as a questionnaire distributed to clients.

This checklist is designed to be used as a client interview at the time of the clinic encounter.

Depending on how you choose to use the instrument, the wording and tense of questions can be changed to reflect the client's experience during the last clinic visit, or to assess a more general level of satisfaction with services regardless of what visit. When modifying the checklist consider all the dimensions and adapt, or add questions or delete those you feel are not relevant for your situation.

A pre-test of the checklist may allow you to identify the issues of concern for the facility. In a pre-test, you should be able to identify the major issues which clients believe should be addressed and then modify the instrument to collect that information.

You may also wish to change the order in which the questions are asked. One way is to structure questions so that they follow the flow of activities in the health facility, e.g., registration, examination by the provider, referral, etc. However you modify the instrument, keep in mind that questions should be organised to facilitate response by the client, not just to make it easier for the interviewer.



You may find that a YES/NO format limits the range of responses to a given question, in which case a rating scale may be substituted. Some of the more common ones include a five-point response scale ranging from "excellent" to "poor," or a six-point scale ranging from "very satisfied" to "very dissatisfied."^{1 2} You may also wish to substitute any other scale that you feel clients would more easily recognise and understand.

Throughout the checklists, the term "health facility" has been used. This term can be replaced with other, more specific terms such as hospital, clinic, outreach centre or any other facility. Also "provider" can be substituted with the terms doctor, nurse, midwife, community health worker or any other local provider.

Finally, this checklist can be made more specific to assess the quality of a specific clinic encounter or to evaluate certain providers or services. However, be careful not to over-generalise. Do not assume that dissatisfaction within one dimension or with one service or provider will reflect dissatisfaction in other areas.

1 Ware, J. E. & Hays, R. "Methods for measuring patient satisfaction with specific medical encounters." *Medical Care* 1988;26:393-402.

2 Osterweis, M. & Howell, J. "Administering patient satisfaction questionnaires at diverse ambulatory care sites." *Journal of Ambulatory Care Management* 1979;67-88.



Client satisfaction checklist

If you wish to assess whether socio-economic factors such as clients' background, education levels, etc., are affecting their satisfaction, you could begin by asking questions similar to the ones below. Otherwise, proceed to the next page.

Health facility/location _____

Supervisor/observer _____

Date of interview _____

1. Age of client? _____ years Sex (M/F) _____
2. a. What is the last year of schooling completed? (modify according to local education system)
b. What is the last year of school completed by your spouse?
3. What is the main source of drinking water for your household? (check one)
____ Piped water ____ Surface water (spring/river/lake, etc.)
4. Does your household have:
Electricity ____ YES ____ NO
Radio ____ YES ____ NO
Television ____ YES ____ NO
5. What is the main material of the floor of your home? (check one)
____ Earth/sand ____ Finished surface (wood/cement/tile)
____ Wood planks/palm/bamboo ____ Other _____
6. Does any member of your family own
Bicycle ____ YES ____ NO Donkey, horse, camel ____ YES ____ NO
Motorbike ____ YES ____ NO Other _____ ____ YES ____ NO
Car ____ YES ____ NO
7. What is the main economic activity of your household? (check one)
____ Agriculture ____ Manufacturing
____ Fishing ____ Other _____
____ Trading/marketing
8. Where is the principle place you receive health care? (check one)
____ Public hospital ____ Private hospital/clinic
____ Public health centre/clinic ____ Local TBA/healer
9. Ask a country/region-specific question on type of religion.
10. Ask a country/region-specific question on ethnicity, if applicable.
11. Ask any additional questions you feel are appropriate.



Please circle a response or fill in blanks where indicated for each question. (Y = Yes, N = No, DK = Don't Know, NA = Not Applicable)

Accessibility of services

1. Did you feel that the schedule (clinic hours) at the health facility was adequate for your needs? Y N DK NA
2. Were you able to get to the health facility easily? Y N DK NA
 - a. How long (minutes/hours) does it normally take you to get to the health facility? _____
 - b. By what means do you normally get to the health facility, e.g., walking, motorcycle, etc.? _____
4. After arriving at the clinic, did you feel that the time spent waiting to be seen by a provider was reasonable? Y N DK NA
 - a. About how long (no. of minutes/hours) did you have to wait? _____
5. For follow-up or referral visits, did you feel that you were able to see a provider within a reasonable period of time? Y N DK NA
 - a. About how long (no. of days) did you have to wait? _____
6. Do you feel that the provider spent enough time with you during the visit? Y N DK NA

Facilities, equipment, and supplies

Were you satisfied with:

7. The overall cleanliness and comfort of the waiting area? Y N DK NA
8. The overall cleanliness and comfort of the examination room or place where you received service? Y N DK NA
9. The condition of any instruments or equipment used by the provider to treat or examine you? Y N DK NA

Availability of services

10. Were all the services you needed to treat your problem available at the health facility during your visit? Y N DK NA
 - a. If not, please list any services which are not available at the health facility but are important to meet your needs. _____

Continuity of care

11. Did you see the same provider during this visit as on the last visit? Y N DK NA
12. Were the same services available during this visit as on your last visit? Y N DK NA



Interpersonal qualities of service provider

13. Were you treated with courtesy and respect by the provider during your visit?

Y N DK NA

14. Did the provider allow you to ask questions?

Y N DK NA

Professional competence and skill of the service provider

15. Were you satisfied overall with the services you received from the provider?

Y N DK NA

a. If not, what are some reasons why? _____

16. Did you feel comfortable discussing your problem with the provider? Y N DK NA

17. Were you satisfied with the provider's skills and ability in treating your problem?

Y N DK NA

18. Were you satisfied with the completeness of the information given to you about your problem?

a. Were you given any information which you did not understand? Y N DK NA
If "Yes," what information did you not understand? _____

Cost

19. Did you feel that the cost for services you received at the health facility was reasonable?

Y N DK NA

Satisfaction with resulting health status/Efficacy of treatment

20. Do you feel that services you received at the health centre were effective in solving your problem?

Y N DK NA

Other

21. Were you satisfied with the measures taken to assure privacy during your examination e.g., a private room, curtained or screened area, etc.?

Y N DK NA

22. Were you satisfied with the measures taken to assure confidentiality about your health problem?

Y N DK NA

23. Would you recommend the services at this health facility to someone else?

Y N DK NA

24. What do you think should be done to improve the quality of the services in this health facility? _____



Appendix C: Service quality assessment

Discussion guidelines

GENERAL

PHC household visits
Health education

MATERNAL CARE

Antenatal care
Safe delivery
Postnatal care
Family planning

CHILD CARE

Breast feeding
Growth monitoring
Nutrition education
Immunization
Acute respiratory infection
Diarrhoeal disease control
Oral rehydration therapy

OTHER HEALTH CARE

Water supply, hygiene and sanitation
School health
Childhood disabilities
Accidents and injuries
Sexually transmitted diseases
HIV/AIDS
Malaria
Tuberculosis
Treatment of minor ailments
Chronic, non-communicable diseases



PHC service quality assessment

Discussion guidelines: 1. PHC household visit

Introduction: Welcome the group and briefly give the purpose of the discussion

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of services provided during a household visit. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide services during a household visit?

Guidelines

- What does not work well in the way we provide services during a household visit?
- What standards, guidelines or protocols are used for providing services during a household visit?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information is registered on family health cards or other records during a household visit?
- What information do you ask from clients who have malnourished children?
- What information do you ask from clients who have children with diarrhoea?
- What information do you ask from clients who are pregnant?
- What information do you ask from all households you visit?

Key questions

- Do service providers register all children under five on a health card?
- Do service providers register all women over 16 on a family health card?
- Do service providers make arrangements for vaccination of children requiring immunization?
- Are nutritional counselling, food supplementation and/or medical attention being received?
- Has ORS solution been recommended to the client and is help in preparing to administer it available?
- Has the client received prenatal care? If necessary, has a prenatal visit been arranged?
- Are interested women or couples referred for family planning services?
- Has water, hygiene and sanitation been discussed?
- Has a good rapport been established with the mother?



PHC service quality assessment

Discussion guidelines: 2. Health education

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your health education services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide health education?

Guidelines

- What does not work well in the way we provide health education?
- What standards, guidelines or protocols are used for providing health education?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their educational background?
- What techniques do you use when presenting and discussing health topics?
- What educational materials do you use?
- What key messages related to your health topic do you emphasise to clients during health education sessions?

Key questions

- Are participants' knowledge, attitudes, and practices of health education determined?
- Is participants' general level of knowledge determined?
- Do service providers explain the topic and focus the discussion?
- Are all relevant aspects of the topic discussed?
- Are appropriate discussion techniques used to encourage active participation?
- Do service providers use appropriate educational materials during the presentation?
- Are any available educational materials distributed?



PHC service quality assessment

Discussion guidelines: 3. Antenatal care

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your antenatal services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide antenatal services?

Guidelines

- What aspects do not work well in the way we provide antenatal services?
- What standards, guidelines or protocols are used for providing antenatal services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record during the antenatal visit?
- What do you ask your clients about their reproductive history?
- What do you ask your clients about risk factors associated with their current pregnancy?
- What do you ask your clients about preventive actions taken?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are obstetric records or family health cards reviewed and updated?
- Are at least two questions about reproductive history risk factors asked?
- Are at least two questions about risk factors associated with this pregnancy asked?
- Is at least one physical exam activity performed?
- Are clients immunized against tetanus or have arrangements for immunization been made?
- Are clients referred for blood test, glucose, haemoglobin/haematocrit and malaria, if medically indicated?
- Do service providers discuss with clients the importance of having the delivery attended by a trained health worker?
- Do service providers explain the danger signs which require immediate attention?
- Do service providers tell pregnant woman when and where to go for next antenatal visit?



PHC service quality assessment

Discussion guidelines: 4. Safe delivery

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your safe delivery services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide safe delivery services?

Guidelines

- What aspects do not work well in the way we provide safe delivery services?
- What standards, guidelines or protocols are used for providing safe delivery services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What activities do you perform before the labour begins?
- What information do you review with your clients or ask from your clients before labour begins?
- What activities do you perform during the progress of labour and delivery?
- For what reasons might you seek help during the progress of labour and delivery?
- What activities do you perform immediately after birth?
- What messages do you emphasise when educating or counselling your clients after birth?

Key questions

- Do service providers sterilise needles, syringes, cord ties, scissors/razor blades before the birth?
- Is a clean birthing place prepared?
- Do service providers take labour history?
- If necessary, is the reproductive history for high-risk factors reviewed?
- Is the woman monitored throughout labour and is a physical exam conducted?
- Is the progress of labour assisted?
- Is the delivery assisted?
- Is help sought for obstetric problems and emergencies?
- Do service providers tie the umbilical cord with thread in three places and cut with blade/scissors?
- Do service providers determine APGAR score at one minute and five minutes after birth?



PHC service quality assessment

Discussion guidelines: 5. Postnatal care

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your postnatal services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide postnatal services?

Guidelines

- What does not work well in the way we provide postnatal services?
- What standards, guidelines or protocols are used for providing postnatal services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record during the antenatal visit?
- What do you ask your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatment or routine preventive services do you provide?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Did the service provider ask the client at least two medical history questions?
- Was the client examined?
- Were findings of history and physical examinations recorded on the client's health record?
- Did the service provider refer the client for special treatment if necessary?
- Was the infant referred for all physical conditions requiring medical attention?
- Was a BCG given or verification received that the child received vaccination at birth?
- Did the service provider give first DPT and OPV?
- Was the client told to feed the infant with breast milk only, for the first 4-6 months?
- Was family planning and how to obtain its services discussed with the client?
- Are clients encouraged to enrol their child in the well-child clinic?



PHC service quality assessment

Discussion guidelines: 6. Family planning

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your family planning services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide family planning services?

Guidelines

- What does not work well in the way we provide family planning services?
- What standards, guidelines or protocols are used for providing family planning services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What do you ask from your clients about their medical and reproductive history?
- What activities do you carry out during a physical exam?
- What do you ask from your clients in order to determine which method to recommend?
- What messages do you emphasise to all clients when educating or counselling them?
- What information do you ask from clients during follow-up visits?

Key questions

- Are clients asked at least three medical and reproductive history questions?
- Did the service provider take the clients' blood pressure?
- Are clients' breast examined for lumps?
- Did the service provider examine the patient for signs of anaemia?
- Did the service provider recommend to the client a method that was free of contraindications?
- Are side effects discussed?
- Is the client asked about use of the contraceptive received?
- Was the client asked about the possible side effects?



PHC service quality assessment

Discussion guidelines: 7. Breast feeding

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your breast feeding activities. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we perform our breast feeding activities?

Guidelines

- What does not work well in the way we perform our breast feeding activities?
- What standards, guidelines or protocols are used for carrying out breast feeding activities?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What messages do you emphasise when educating or counselling your clients on breast feeding practices?
- What messages do you emphasise when educating or counselling your clients on weaning practices?
- What additional messages do you emphasise when educating or counselling your clients on nutrition?

Key questions

- Do service providers ask about the mother's knowledge and practice concerning breast feeding? Are mothers instructed on the health benefits to mother and child of breast feeding?
- Do service providers recommend how long to breast feed and encourage continued breast feeding during illness?
- Is the client instructed on the method of breast feeding?
- Are warning signs that indicate the mother should seek help explained?
- Do service providers provide counselling, as appropriate, on family planning methods and contraceptive benefits of breast feeding?
- Is appropriate counselling provided on diet during lactation, nutrition supplements, and important locally available foods?
- Is the client advised on weaning practices and food preparation?



PHC service quality assessment

Discussion guidelines: 8. Growth monitoring/nutrition education

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your growth monitoring services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide growth monitoring services?

Guidelines

- What aspects do not work well in the way we provide growth monitoring services?
- What standards, guidelines or protocols are used for providing growth monitoring services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What growth monitoring activities do you perform?
- How do you determine the child's age?
- What do you do to prepare the child for weighing?
- What information do you record?
- What information do you ask from your clients about the child's growth and nutrition?
- What are some reasons you would refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on growth monitoring and nutrition?

Key questions

- Was the client's age calculated correctly?
- Is the child weighed correctly?
- Is the child's weight plotted correctly?
- Are clients referred for nutritional counselling?
- Is at least 1 appropriate recommendation about child feeding and care made?
- Are clients asked if their child gained weight, lost, or stayed the same since the last weighing?
- Do service providers have a working scale?
- Do service providers have a method of tracking malnourished children?



PHC service quality assessment

Discussion guidelines: 9. Immunization

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your immunization services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide immunization services?

Guidelines

- What aspects do not work well in the way we provide immunization services?
- What standards, guidelines or protocols are used for providing immunization services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record and/or ask from your clients during the immunization visit?
- What activities do you perform during an immunization visit?
- What is your technique for providing vaccinations?
- What sterilisation procedures do you follow?
- How are supplies stored and how is the cold chain maintained, for clinic and outreach services?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Is a sterile needle used for each injection?
- Is a sterile syringe used for each injection?
- Do service providers give the child all vaccinations needed today?
- Are vaccinations recorded on the child's health card?
- During the last month was the registered temperature between zero and eight degrees (C) at all times?
- Are vaccines transported in cold boxes with ice packs?
- Is the return for the next immunization discussed with the client?



PHC service quality assessment

Discussion guidelines: 10. Acute respiratory infection

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for acute respiratory infection. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide ARI services?

Guidelines

- What does not work well in the way we provide ARI services?
- What standards, guidelines or protocols are used for providing ARI services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for what types of ARI?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are at least two medical history questions asked?
- Do service providers ask about any treatment administered?
- Is the respiratory rate counted?
- Is the child classified by severity of illness?
- Are antibiotics for pneumonia, strep throat or otitis given?
- Do service providers refrain from using antibiotics for colds?
- Are clients told about at least three signs of pneumonia?¹
- If antibiotics are prescribed, is the client asked, "How will you administer the medicine; how much, how often, for how long?"

¹ Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, and weakness or lethargy.



PHC service quality assessment

Discussion guidelines: 11. Diarrhoeal disease control/oral rehydration therapy

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for diarrhoeal disease control/ORT services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide diarrhoeal disease control/ORT services?

Guidelines

- What aspects do not work well in the way we provide diarrhoeal disease control/ORT services?
- What standards, guidelines or protocols are used for providing diarrhoeal disease control/ORT services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe and when would you normally prescribe them?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are at least two medical history questions asked?
- Are at least two physical exam activities performed?
- Was the degree of dehydration determined (none, moderate, severe)?
- Is safe ORT prescribed?
- Do service providers refrain from using antibiotics, except when stools contain blood or mucus?
- Do service providers administer ORT solution immediately or refer the client to a nearby centre, if the child is dehydrated?
- Are clients informed how much ORT solution to give and how often to give it?
- Are clients shown how to prepare ORT solution?



PHC service quality assessment

Discussion guidelines: 12. Water supply, hygiene and sanitation

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services related to water supply, hygiene and sanitation. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide services related to water supply, hygiene and sanitation?

Guidelines

- What aspects do not work well in the way we provide services related to water supply, hygiene and sanitation?
- What standards, guidelines or protocols are used for providing services related to water supply, hygiene and sanitation?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What messages do you emphasise when educating or counselling your clients about contaminated water and disease?
- What messages do you emphasise when educating or counselling your clients about water storage and use?
- What messages do you emphasise when educating or counselling your clients about latrine maintenance and use?
- What messages do you emphasise when educating or counselling your clients about refuse and animal excreta disposal?

Key questions

- Is keeping water in a clean, covered container discussed?
- Is the importance of hand washing before eating, feeding children, and food preparation discussed?
- Do service providers discuss appropriate latrine use and human waste disposal, e.g. baby potty for children under three?
- Is burning or burying refuse recommended?
- Do service providers recommend penning animals away from the house?
- Is the importance of washing hands discussed with the client?

PHC service quality assessment

Discussion guidelines: 13. Childhood disabilities

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for childhood disabilities. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide services for childhood disabilities?

Guidelines

- What does not work well in the way we provide services for childhood disabilities?
- What standards, guidelines or protocols are used for providing services for childhood disabilities?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their child's medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on childhood disabilities?

Key questions

- Are clients asked about the prenatal and antenatal care of the child?
- Do service providers ask the client whether the child's speech, development, mobility, strength, sight, hearing, behaviour is in any way different from normal?
- Is an examination conducted for the presence of any deformities or defects?
- Is appropriate treatment or therapy administered/prescribed according to established treatment guidelines?
- Do service providers discuss available medicine or treatment, if any?
- If applicable, is the possible risk of having another child discussed, if more than one child is known to have been born with a genetic condition?
- Do service providers discuss what parents and families can do to help the disabled child?
- Is the client questioned about their child's disability?
- If applicable, is the client questioned about their knowledge of how to prevent a similar disability from happening again?
- Is the client aware of where to go for treatment or follow-up?
- Is the client questioned about the treatment they received?

PHC service quality assessment

Discussion guidelines: 14. Accidents and injuries

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for accidents and injuries. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide services for accidents and injuries?

Guidelines

- What does not work well in the way we provide services for accidents and injuries?
- What standards, guidelines or protocols are used for providing services for accidents and injuries?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on injury prevention?

Key questions

- Is the type of injury correctly identified?
- Do service providers obtain a history of the injury, e.g. cause, time, etc.?
- Is proper treatment administered according to established guidelines?
- Is appropriate referral made according to established guidelines?
- Do service providers discuss some common injuries and how they may be prevented?
- Is child safety in and around the home discussed?
- Are occupational safety issues discussed?
- Do service providers explain how to recognise an emergency and where to go for help?



PHC service quality assessment

Discussion guidelines: 15. Sexually transmitted diseases and HIV/AIDS

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your STD-related services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide STD services?

Guidelines

- What does not work well in the way we provide STD services?
- What standards, guidelines or protocols are used for providing STD services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What information do you ask from your clients about their sexual history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling clients on prevention of STD?
- What messages do you emphasise when educating or counselling clients on laboratory testing?
- What messages do you emphasise when educating or counselling clients with diagnosed STD?

Key questions

- Are at least two symptoms of infection asked?
- Do service providers ask about current sexual practices?
- Is a complete physical examination as required for male, female or infant conducted?
- Is the illness correctly identified and appropriate treatment prescribed?
- Do service providers discuss some basic ways to prevent sexual transmission of STDs?
- Is the client assured of confidentiality of test results?
- Is the importance of notifying a partner discussed?
- Do service providers explain the risk to a foetus/infant and the avoidance of pregnancy through the use of appropriate contraception?
- Do service providers suggest any prenatal or postnatal care, if any, that is needed?



- Are the risks of re-infection and/or transmission explained if sex is resumed with an untreated partner?
- Is the client asked about their illness?
- Are clients asked about their knowledge on how to prevent giving it to someone else and how to prevent becoming infected again?
- Is the client aware of when and where to return for test results, treatment, or follow-up?



PHC service quality assessment

Discussion guidelines: 16. Malaria

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your malaria services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide malaria services?

Guidelines

- What does not work well in the way we provide malaria services?
- What standards, guidelines or protocols are used for providing malaria services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for malaria?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are at least two medical history questions asked?
- Do service providers ask about anti-malarial drugs taken in the last 24 hours?
- Do service providers ask about other symptoms to rule out other fever-related illnesses?
- Is the clients temperature taken?
- Is a blood slide made or the client referred to a facility where a blood slide may be examined?
- Are appropriate anti-malarial drugs administered or prescribed according to local norms?
- Do service providers administer antipyretic drug and sponge or bathe the client with water if fever is over 39 degrees C.
- Do service providers discuss danger signs that may indicate unresponsive or complicated malaria?
- Are clients told to return for consultation if danger signs develop?
- Is the client questioned about the prescribed medicine, e.g. how will you take the medicine (how much, how often, and for how long)?



PHC service quality assessment

Discussion guidelines: 17. Tuberculosis

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your tuberculosis services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide tuberculosis services?

Guidelines

- What does not work well in the way we provide tuberculosis services?
- What standards, guidelines or protocols are used for providing tuberculosis services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for tuberculosis?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Are clients questioned about persistent coughs; two weeks or more?
- Are clients questioned about persistent fever; one month or more?
- Do service providers ask clients about weight loss?
- Do service providers ask clients about blood in sputum?
- Is cutaneous TB test performed?
- Is client referred for sputum examination?
- Do service providers prescribe medicines or refer for treatment according to local norms?
- Is verification made that follow-up cases have taken medicine correctly?
- Do service providers explain how much and how often to take medicine?
- Is the importance of completing the treatment stressed?
- Is the client questioned about prescribed drugs, e.g., how will they take their medicine (how much, how often, and for how long)?
- Is the client questioned about the need for further testing, e.g., where will they go for the test?



PHC service quality assessment

Discussion guidelines: 18. Treatment of minor ailments

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your treatment of minor ailment services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide treatment of minor ailment services?

Guidelines

- What does not work well in the way we provide for treatment of minor ailments?
- What standards, guidelines or protocols are used for providing services for the treatment of minor ailments?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What activities do you perform for the treatment of minor ailments?
- What messages do you emphasise when educating or counselling your clients?

Key questions

- Do you ask patients about their chief complaint?
- Do you determine medical history and past drug allergies?
- How do you check vital signs?
- How do you conduct a related physical exam?
- How do you make an appropriate diagnosis?
- How do you schedule diagnostic testing?
- Do you provide appropriate treatment and discuss compliance with drug therapy?
- Do you provide information to the patient about the condition and treatment plan?
- Do you explain to the patient how often to take this medicine?
- Do you explain what dose to take?
- Do you tell the patient how long to continue treatment?



PHC service quality assessment

Discussion guidelines: 19a. Hypertension

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your hypertension services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide hypertension services?

Guidelines

- What does not work well in the way we provide hypertension services?
- What standards, guidelines or protocols are used for providing hypertension services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on hypertension?

Key questions

- Is a proper blood pressure reading taken?
- Do service providers ask about chief complaints, e.g. blurred vision, severe headache, shortness of breath, chest pain?
- Do service providers ask about prior/current experience and treatments for hypertension?
- Do service providers ask about family history of hypertension?
- Do service providers ask about history of diabetes or stroke?
- Do service providers ask about current lifestyle, e.g. work, stresses, home conditions?
- Do service providers ask about previous illness or treatment?
- Is a physical exam performed, which includes a check of vital signs, blood pressure, heart, pulse in foot, neck veins or other as per local policy?
- Are patients provided with health education/counselling on hypertension?
- Are patients instructed on the use of any prescribed medication?
- Are patients informed of the warning signs indicating when to return to the clinic?



PHC service quality assessment

Discussion guidelines: 19b. Diabetes mellitus

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your diabetes services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide diabetes services?

Guidelines

- What does not work well in the way we provide diabetes services?
- What standards, guidelines or protocols are used for providing diabetes services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on treatment of diabetes?
- What messages do you emphasise to women of child bearing age when providing education or counselling on diabetes?

Key questions

- Do service providers ask about symptoms, e.g. blurred vision, unusual thirst, urinary tract infection, yeast infection if a woman, foot problems, numbness, recurrent infection?
- Is a physical exam performed, including a check of vital signs, general appearance, and pulse in feet, fast breathing, signs of dehydration, or others as per local policy?
- Are lab tests (e.g., sugar, urine) conducted, as appropriate?
- Are patients provided with health education/counselling on appropriate diet and exercise?
- Do service providers instruct family members how to handle common diabetic emergencies?
- Is the patient educated in proper foot care and protection?
- Is the importance of maintaining blood sugar levels within a specified range before and during pregnancy to prevent birth defects discussed with women of child bearing age?
- Are high-risk pregnancies referred as per local policy?



PHC service quality assessment

Discussion guidelines: 19c. Anaemia

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your anaemia services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

Discussion

- What works well in the way we provide services during a visit for anaemia?

Guidelines

- What does not work well in the way we provide services for anaemia?
- What standards, guidelines or protocols are used for providing services for anaemia?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from clients about their medical history?
- What activities do you carry during a physical exam?
- For what reasons would you refer a client to another provider?
- What messages do you emphasise when educating or counselling your clients on treatment for anaemia?

Key questions

- Do service providers ask about chief complaints, whether pregnant?
- Is occult blood in the stool determined?
- Is the client asked if blood is in the stool?
- Do service providers check colour of conjunctiva?
- Are clients asked about family history of anaemia?
- Is the client given a complete physical examination; chest, abdomen, etc.?
- Do service providers get a complete blood count with reticulocyte count?
- Is the haemoglobin type; region, race, age or sex determined?
- Do service providers determine the aetiology of the anaemic condition?
- Is appropriate consultation determined; referral to a specialist, if needed?
- Are clients provided with nutrition counselling?
- Are clients asked about their knowledge in how to administer the drug; how much, how often and how long?
- Is the client aware how to get refills for drugs?

Appendix D: Multiple observation checklists

PHC household visit

Growth monitoring

Immunization

Oral rehydration therapy

Family planning

148/1

- Instructions:** Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly.

[illegible]

[illegible]

[illegible]

148/1

- Instructions:** Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly.

For interview questions, mark "yes" (Y) if the client responds correctly.

[illegible]

Rapid quality assessment checklist: Growth monitoring

1. Health facility _____
2. Observer _____
3. Observer/supervisor _____
4. Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
For interview questions, mark "yes" (Y) if the client responds correctly.

Observation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Age calculation													
5. Base calculation on a reliable date of birth? ¹													
6. Correctly calculate age?													
7. Record age?													
Weighing													
8. Set scale to 0?													
9. Remove the child's clothing?													
10. Place child correctly on scale?													
11. Correctly read scale? ³													
12. Record weight?													
Plotting the child's growth on chart													
13. Plot or locate the child's weight at correct age?													
14. Plot or locate the child's weight at correct weight?													
15. Connect to previous growth point?													
Refeed and follow-up													
17. Refer malnourished child for nutritional rehabilitation?													
18. Tell mother whether child has gained, lost, stayed the same since last weighing?													
19. Tell mother the nutritional status of the child?													
20. Use growth card to explain to mother how her child is growing?													
21. Ask if the child has had any health problems since last weighing?													
22. Make recommendations regarding child feeding and care?													
23. Explain importance of good breastfeeding and weaning practices?													
24. Explain which locally available foods constitute a balanced diet for children?													
25. Explain how to feed children during illness?													
26. Tell mother when to take child for next weighing?													
27. Verify that mother understands key messages?													
28. Ask mother if she has any questions?													

1. Reliable sources for date of birth: growth chart, health record, or birth certificate. ~~Rely~~ on mother's memory only when these are not available.
2. The accuracy of age calculation should be determined by comparing the health worker's reading with the supervisor's reading.
3. The accuracy of weight reading should be determined by comparing the health worker's reading ~~with the supervisor's~~ reading.

148/4

- Instructions:** Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly

[illegible]

148/4

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly

[illegible]

Rapid quality assessment checklist: Growth monitoring

1. Health facility _____
2. Observer _____
3. Observer/supervisor _____
4. Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
For interview questions, mark "yes" (Y) if the client responds correctly.

Observation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Age calculation													
5. Base calculation on a reliable date of birth? ¹													
6. Correctly calculate age? ²													
7. Record age?													
Weighing													
8. Set scale to 0?													
9. Remove the child's clothing?													
10. Place child correctly on scale?													
11. Correctly read scale? ³													
12. Record weight?													
Plotting the child's growth on chart													
13. Plot or locate the child's weight at correct age?													
14. Plot or locate the child's weight at correct weight?													
15. Connect to previous growth point?													
Referral and follow-up													
17. Refer malnourished child for nutritional rehabilitation?													
18. Tell mother whether child has gained, lost, stayed the same since last weighing?													
19. Tell mother the nutritional status of the child?													
20. Use growth card to explain to mother how her child is growing?													
21. Ask if the child has had any health problems since last weighing?													
22. Make recommendations regarding child feeding and care?													
23. Explain importance of good breastfeeding and weaning practices?													
24. Explain which locally available foods constitute a balanced diet for children?													
25. Explain how to feed children during illness?													
26. Tell mother when to take child for next weighing?													
27. Verify that mother understands key messages?													
28. Ask mother if she has any questions?													

1. Reliable sources for date of birth, growth chart, health record, or birth certificate. Rely on mother's memory only when these are not available.
2. The accuracy of age calculation should be determined by comparing the health worker's reading with the supervisor's reading.
3. The accuracy of weight reading should be determined by comparing the health worker's reading with the supervisor's reading.

Rapid quality assessment checklist Oral rehydration therapy

1. Health facility _____
2. Observer _____
3. Observer/supervisor _____
4. Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
For interview questions, mark "yes" (Y) if the client responds correctly

Observation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Medical history													
5. Duration of diarrhea?													
6. Consistency of stools?													
7. Frequency of stools?													
8. Presence of blood and/or mucus in stools?													
9. Presence of vomiting?													
10. Fever?													
11. Home treatments?													
Physical examination													
12. Assess general status (alert or lethargic)? ¹													
13. Pinch skin?													
14. Weigh child?													
15. Determine nutritional status to be sure the child is not severely malnourished?													
16. Take temperature?													
17. Determine the degree of dehydration (none, moderate, severe)? ²													
18. Prescribe ORS or cereal-based ORT?													
20. Refrain from using antibiotics except when stools contain blood or mucus?													
22. If the child is dehydrated administer ORS solution or cereal-based ORT immediately or refer the child to a nearby centre?													
31. Tell mother about appropriate feeding practices during and after dehydration?													
35. Show mother how to administer ORS solution or cereal-based ORT?													

¹ Signs of dehydration: 1. lethargy; 2. absence of tears while crying; 3. pinched skin retracts slowly; 4. dry mouth; 5. sunken eyes.

² Danger signs: 1. many watery stools; 2. repeated vomiting; 3. very thirsty; 4. eating or drinking poorly; 5. fever; 6. blood in stool; 7. dehydration persists.

- Instructions:** Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly.

[illegible]

**pid quality assessment checklist
nical family planning services**

Health facility _____
Observer _____
Observer/supervisor _____
Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
For interview questions, mark "yes" (Y) if the client responds correctly.

Observation number:	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Medical and reproductive history* (new clients)													
Ask the client how old she is?													
Ask about number, spacing and outcome of pregnancies?													
Ask about previous use of family planning methods?													
Ask about reasons for stopping or switching previous methods?													
Ask about heart disease?													
Ask about liver disease?													
Ask about high blood pressure?													
Ask about history of pelvic inflammatory disease?													
Ask about history of suspected or confirmed venereal disease?													
Ask about history of blood clots or thromboemboli?													
Ask if she is breast feeding?													
Ask about date of last menstrual period?													
Physical examination *													
Take blood pressure?													
Examine breasts for lumps?													
Examine patient for signs of anaemia?													
Action of a method													
Choose a method that was free of contra-indications for this client?													
Ask about side effects?													
Counselling (for ally)													
Describe possible minor side effects of the selected method?													
Explain how to manage side effects at home?													
Describe major side effects which require medical attention?													
Interview with client **													
How do you use the contraceptive you received today?													
What are the possible side effects?													

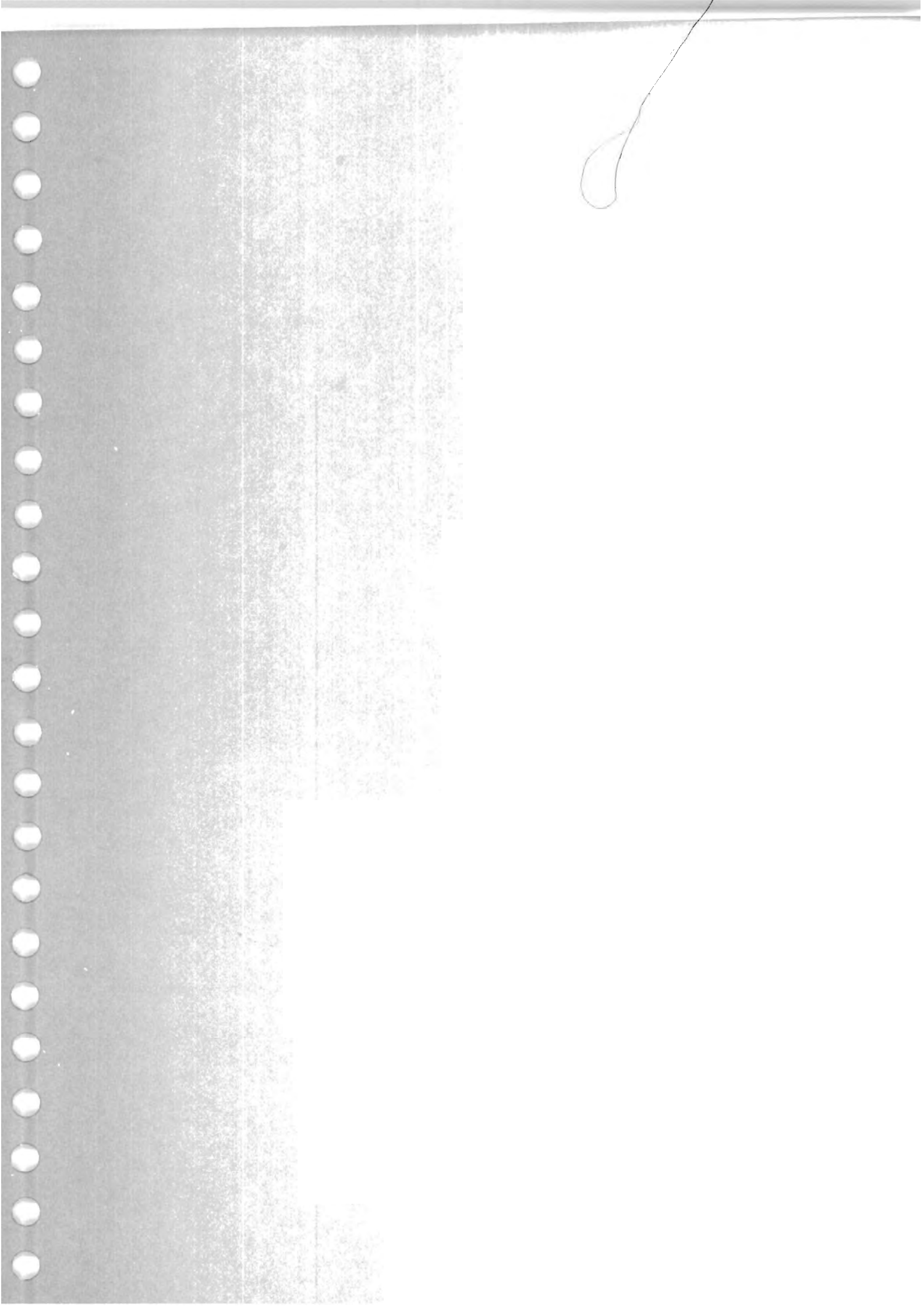
Rapid quality assessment checklist **Oral rehydration therapy**

1. Health facility _____
2. Observer _____
3. Observer/supervisor _____
4. Date _____

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation.
For interview questions, mark "yes" (Y) if the client responds correctly

Observation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Medical history													
5. Duration of diarrhea?													
6. Consistency of stools?													
7. Frequency of stools?													
8. Presence of blood and/or mucus in stools?													
9. Presence of vomiting?													
10. Fever?													
11. Home treatments?													
Physical examination													
12. Assess general status (alert or lethargic)? ¹													
13. Pinch skin?													
14. Weigh child?													
15. Determine nutritional status to be sure the child is not severely malnourished?													
16. Take temperature?													
17. Determine the degree of dehydration (none, moderate, severe)? ²													
18. Prescribe ORS or cereal-based ORT?													
20. Refrain from using antibiotics except when stools contain blood or mucus?													
22. If the child is dehydrated administer ORS solution or cereal-based ORT immediately or refer the child to a nearby centre?													
31. Tell mother about appropriate feeding practices during and after dehydration?													
35. Show mother how to administer ORS solution or cereal-based ORT?													

¹ Signs of dehydration: 1. lethargy; 2. absence of tears while crying; 3. pinched skin retracts slowly; 4. dry mouth; 5. sunken eyes.
² Danger signs: 1. many watery stools; 2. repeated vomiting; 3. very thirsty; 4. eating or drinking poorly; 5. fever; 6. blood in stool; 7. dehydration persists



Appendix E: Other PHC MAP tools

Worksheets for planning quality assessment activities

Form for making your own checklist

Form for manual tabulation

Table for selection of an LQAS sample

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 1. Specify the scope and objectives

- A. What is the purpose of the assessment? _____
- B. What services will be included? _____
- C. Who will use the information gathered? _____
- D. How will the information be used? _____
- E. What geographic area will be covered? _____
- F. Over what period of time will the activities take place? _____
- G. What additional resources, if any, are available? _____

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 2: Select unit of observation and data sources

Unit of observation:

- _____ Client/patient
- _____ Service elements
- _____ Health worker
- _____ Clinic session
- _____ Health centre

Data sources:

- _____ Direct observation
- _____ by supervisor
- _____ by peer
- _____ self-assessment
- _____ Interview
- _____ structured interviews
- _____ open-ended interviews
- _____ discussion
- _____ Record review
- _____ routine records
- _____ records kept especially for the assessment



WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 3: Select and adapt the appropriate PHC MAP checklist(s)

Will the checklist require adaptation? _____

Who will adapt the checklist? _____

WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

Step 4. Determine sampling procedures and select sample (optional)

Number of units in sampling frame: _____

Sample size _____ (%) = _____ (N)

Sampling method:

Census (100 percent sample) _____

Random sample _____

Systematic sample _____

LQAS sample _____

Convenience sample _____

Purposive sample _____

Quota sample _____

What is the minimum number of observations that should be made for each unit? _____

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1. Health facility
2. Observer
3. Regular supervisor

[illegible]

**Manual tabulation exhibit
PHC MAP tally sheet**

Observation	Facility ID	Worker ID	Observer ID	Date	Questions
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

[illegible]

Selection of LQAS sample

154/3

Determination of minimum level, sample size, and acceptable size based on differences between clinics. Need to focus on worst clinics and pre-established goals

1) Big difference		YES			YES or NO			NO			
2) Focus on worst		YES			YES			NO			
	M1	S1	A1	M2	S2	A2	M3	S3	A3		
Goal	Minimum level	Sample size	Acceptable size	Minimum level	Sample size	Acceptable size	Minimum level	Sample size	Acceptable size	Goal	
95%	70%	13	12	75%	18	16	80%	28	26	95%	
90%	65%	16	13	70%	24	20	75%	40	34	90%	
85%	60%	19	15	65%	29	23	70%	49	39	85%	
80%	55%	22	16	60%	33	24	65%	57	42	80%	
75%	50%	23	15	55%	36	24	60%	63	43	75%	
70%	45%	25	15	50%	38	23	55%	66	43	70%	
65%	40%	25	14	45%	40	23	50%	70	41	65%	
60%	35%	25	12	40%	40	20	45%	72	38	60%	
55%	35%	40	18	38%	55	26	40%	72	35	55%	
50%	30%	38	16	33%	54	23	35%	70	31	50%	
45%	25%	36	13	28%	51	19	30%	67	25	45%	
40%	20%	33	10	23%	48	15	25%	63	21	40%	
35%	15%	29	7	18%	43	11	20%	57	16	35%	
30%	10%	24	5	13%	36	8	15%	49	11	30%	
25%	5%	28	3	8%	29	5	10%	40	7	25%	

Example:

Goal: weigh 85% of children correctly

Minimal acceptable level: 65% weighed correctly

Table row: 85%

Table column: M2=65%

Required sample size: S2=2

Acceptable size: A2=23

Decision rule: 23 of 29 observed weighings must be done correctly to conclude that the programme is meeting its goal

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Acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome
AKF	Aga Khan Foundation
ANC	Antenatal care
APGAR	Appearance (color) , Pulse (heartbeat) , Grimace (reflex) , Activity (muscle tone) , Respiration
ARI	Acute respiratory infection
BCG	Bacillus of Calmette and Guérin (tuberculosis vaccine)
CHW	Community health worker
DK	Don't know
DPT	Diphtheria, pertussis and tetanus vaccines
EPI	Expanded Programme on Immunization
FP	Family planning
GM	Growth monitoring
HIV	Human Immunodeficiency Virus
IEC	Information, education, communication
IV	Intravenous
KAP	Knowledge, attitudes, practice (behaviour)
LQAS	Lot quality assurance sampling
MCH	Maternal and child health
MIS	Management information system
NA	No answer
NG	Nasal Gastric
NGO	Non-governmental organisation
OPV	Oral poliovirus vaccine
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PHC	Primary health care
PHC MAP	Primary Health Care Management Advancement Programme
PRICOR	Primary Health Care Operations Research
RH	Rhesus
STD	Sexually transmitted diseases
TB	Tuberculosis
TBA	Traditional birth attendant
TT	Tetanus toxoid
WHO	World Health Organization



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